

P R E F A C E.

THE following Collections are intended to confirm and illustrate the method of practice recommended in my former treatise or first volume upon Midwifery; and are placed in the same order observed in that performance, to which they have references, as well as to a series of tables, to the number of thirty-nine, which I have prepared, with a view to demonstrate and explain what otherwise might not be so well understood.

Between the years 1722, and 1739, while I practised in the country, I took notes of all the remarkable cases that occurred in Midwifery; but in *London*, since the year 1740, to the present time, I have been more careful and minute in forming a collection, with a view to make it public.

From a great number of instances, I have selected only the most material, and such as

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were

were best adapted to the nature of my plan; for, I was unwilling to tire the reader with a succession of parallel histories that contain nothing essentially different from one another.

In order to render the performance still more compleat, I have taken from authors of the best authority, a few extraordinary cases, which seldom occur, as well as borrowed some medical transactions from the most approved modern physicians.

From the instances of natural and tedious labours, the young practitioner will learn how to behave in the like occurrences, and above all things, to beware in being too hasty in offering assistance, while nature is of herself able to effectuate the delivery.

Among the laborious cases, he will find a variety of examples, by which he will know when it is absolutely necessary to use the forceps. In my private practice, I have very seldom occasion for the assistance of that or any other instrument; but I have often been called in by other practitioners, to cases in which I have had opportunities to use it with success.

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The forceps and fillet were contrived with a view to save the child, by helping along the head in extraordinary cases, when nature was exhausted, and to prevent, as much as possible, the use of sharp instruments, when the mother's life was in danger. But if these expedients are used prematurely, when the nature of the case does not absolutely require such assistance, the mischief that may ensue will often overbalance the service for which they were intended; and this consideration is one of my principal motives for publishing this second volume.

In my first, among the improvements and alterations that have been made in the forceps, I mentioned a long pair, curved to one side, which I contrived several years ago, for taking a firmer hold of the head in the *Pelvis* when high; but, I did not then recommend the use of them, because I was afraid of encouraging young practitioners to exert too great force, and give their assistance too soon. Of late, however, I have found them very serviceable in helping along the child's head, in preternatural cases, after the body and arms of the *Fœtus* were brought down, and it could not be delivered without destroying the child, by overstraining the neck and jaw.

On such occasions, they are more convenient than the shorter and straight sort, because they take a firmer hold, as will appear in the perusal of Tab. XXXV. and also in Col. XXXIV. of the third volume. They are useful to assist the delivery of the head when separated from the body, and left in the *Uterus*, Vide also Vol. III. They may be likewise used in laborious cases, when the head presents, though I find the others are more easily managed in the applications (See Tab. XVI, &c.) and, as I seldom have recourse to the forceps, except when the head is advanced in the *Pelvis*, or as the *French* term it, *la Tête enclavée*, I commonly use the short kind.

Finding my Collection large enough to compose two volumes in *Octavo*, I determined to publish one immediately, that comprehends the variety of methods practised in lingering and laborious cases, which occur much oftner than the preternatural, and are more apt to puzzle and perplex a young practitioner. This step I have been induced to take sooner than I at first intended, by observing that such a synopsis was very much wanted to refresh the memory, and direct the conduct of those who have attended my lectures.

The unsuccessful cases communicated by correspondents, who desired their names
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might be concealed, are inserted as so many beacons to caution others from falling into the same errors and mistakes, in the course of practice. As to the truth of these circumstances which I have related in my own histories, the reader must depend upon my veracity; for, I apprehend, it is equally improper and unnecessary to mention the names of the patients, their place of abode, or the exact time of their delivery. The other part is almost compleated, and though I should not live to see it in print, will certainly appear, to fulfil my scheme and promise to the public.

N. B. Since the following cases were printed, I have seen a *French* translation of my first volume by *M. de Preville*, at *Paris*, who has done great justice to the work; and I wish the author may deserve the character which in his preface he gives him, with that politeness so peculiar to his nation. He has likewise obliged the world with a print of the instrument used by *Rhoonhuisen*, as we use a single blade of the forceps to move along the head in laborious cases, according to the directions specified in my first volume, Book III. Chap. III. illustrated in the XXVIIth and XXVIIIth Collections of the second. This secret, he observes, is said to have been communicated towards the end of the last century,

century, by the *Chamberlains* from *London*, to *Ruyſch*, *Roonbuiſen* and *Bockelman*, at *Amſterdam*; and was lately purchaſed by *de Viſcher* and *Van-de-paol*, phyſicians of that city, who have publiſhed it for the benefit of mankind.

It is a ſing'le piece of iron near eleven inches long, one inch in breadth, one eighth of an inch thick, and covered with leather; ſtraight in the middle for the length of about four inches, and bent at both ends, into a curvature, about three eighths of an inch in depth.

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COLLECTION I.

Of the separation, rigidity and distortion of
the bones of the PELVIS.

[Vide Vol. I. Lib. I. Chap. I.]

NUMB. I.

Of the separation of the BONES.

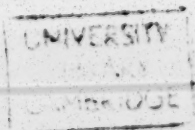
CASE I.

IN the year 1736, a woman, about the age of thirty-five, being in labour of her first child, complained of a violent pain at the juncture of the *Ilium* with the *Sacrum*, on the right side; and, in time of the severest pains, imagined these parts were separated from one another, with violence. This circumstance was not at that time attended to by the midwife, who delivered her after a tedious, though natural labour; yet, even after delivery, the pain in this part exceeded all her other complaints. I was called on the fifth day, when I found the pulse quick, full and hard, her skin hot and dry, the *Lochia* obstructed, a difficulty in her breathing, a pain and induration in one breast; and she was totally deprived of rest, by the anguish in that part of the *Pelvis*. She

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immediately



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immediately lost twelve ounces of blood from the arm, an emollient glyster was injected, and a large quantity of hardened *Fæces* discharged. In consequence of these evacuations, her back, head, and difficulty of breathing were relieved; but the pain in her hip still continuing, warm stupes were applied to that part, and bottles of hot-water to her feet, and I directed her to drink plentifully of warm barley water. By these means, she was thrown into a profuse sweat, rested well that night, and next morning the fever was abated, while the *Uterus* yielded a copious discharge, the pain and induration in her breast were greatly diminished, and the milk began to run out at the nipples; so that the child, which had before made a fruitless attempt, now sucked with ease. The only circumstance that now hindered her from lying quiet and sweating, was the continuance of that pain in the *Pelvis*, which to allay, I prescribed an embrocation of the anodyne balsam, and the following bolus.*

R *Pilul. Matth. gr. viii. Sperm. Cet. ʒi. Syr. de Meconio q. s. f. Bolus b. s. sumendus.*

This she was obliged to repeat every night, and sometimes oftener, in order to procure rest, and maintain the necessary diaphoresis; and a glyster was administered every third day. Ten days elapsed before she could be moved

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out of bed, and twice that time before she could sit up in a chair. When her right leg was moved, her sensation was such, as if the *Ilium* and *Sacrum* of that side were torn asunder; and with my hand upon the part, I could perceive a sensible motion in these bones. At the end of the month, she was not able to walk or stand, without being supported under the right arm, by an assistant or a crutch, and continued in that situation five or six months; after which she found such benefit from the cold bath, that she could walk with the assistance of a cane. She had several children afterwards, and her labours were easy, but they commonly, in some degree, affected that part, which never recovered its former strength and stability.

C A S E II.

Communicated by Dr. SMOLLETT.

In the year 1748, a gentlewoman about the age of twenty-seven, of a very slender make, thin habit, and lax fibre, was, in the eighth month of her first pregnancy, incommoded in her walking by a pain and crackling about the *Pubes*, which when I examined, I felt a surprising relaxation of the ligament that connects the share-bones; insomuch, that while she lay in bed on one side, I could easily move them in such a manner, that they

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seemed to ride each other: however, she felt no great inconvenience from this preternatural extension, which certainly widened the *Pelvis*, for the more commodious passage of the child; and the ligament gradually recovered its tone: so that, in two months after her delivery, the *Ossa Pubis* were as firmly united as ever.

Although I myself have never perceived such separation in the bones of a living subject, Dr. *Lawrence* once shewed me the *Pelvis* of a woman, who died soon after delivery, in which all the three bones were separated almost an inch from one another. I likewise saw the same phenomenon in a *Pelvis* belonging to Dr. *Hunter*. *Spigelius*, in his *Anatomy*, *Lib. II. cap. 24.* says, he has seen such a relaxation, which however, he observes, very rarely occurs. Mr. *Monro*, who, in his *Osteology*, quotes this author and some others, owns he had never met with this kind of separation, either in the course of his practice or dissections; yet has had reason to suspect a relaxation of the ligaments, connecting the *Ossa innominata* and *sacrum*, in some women of a delicate make, who after hard labour complained of pain, weakness, and a sort of jerking motion in this place; and, though nothing extraordinary was perceivable by the touch, could neither sit nor stand without

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pain,

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pain, for the space of several months; nay, the weakness continued for a much longer time, during which they imagined themselves always sinking down between the haunch-bones.

N U M B. II. C A S E I.

Of the *Os Coccygis* ossified and bent inwards.

I have of late, in a particular manner, examined the *Os Coccygis*, especially in laborious cases, and in women who were turned of thirty before the birth of the first child, and have found it actually ossified in two patients, the first turned of forty, and the other about the age of thirty-three: but in neither of these cases could I perceive, that this rigidity retarded the labour: for, in both, when the head of the child came down to the *Os Externum*, it passed along, and the women were as easily delivered, as those in whom the *Coccyx* is moveable, though both children were of an ordinary size. The *Coccyx* and *Ischia* being much lower than the *Pubis*, the back part of the head is commonly pushed out below the last, by that time the forehead is pressed against the *Coccyx*: For in measuring from the brim of the *Pelvis*, we find that the *Pubis*, being much shallower than the other bones, allows an easy passage for the *Occiput* to come out from

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below the same: for which reason an ossified *Coccyx* seldom prevents the delivery, unless the head is larger than common, or the *Coccyx* is bent inward in an extraordinary manner. *Vide* Tab. I. II. and IV.

N U M B. III.

Of the narrow and distorted PELVIS.

Although cases of this kind are more naturally inserted among the operations of Midwifery, I shall mention a few in this place, in order to preserve the regularity of our plan.

The most common distortion of the *Pelvis*, is, from the protrusion or jetting forwards of the last *Vertebra* of the loins, with the *Os Sacrum*, and sometimes of two or three of the lowest vertebral bones. I have been concerned in a few cases, and, in particular, was called to three women, in whom the *Pelvis* was so narrow, that the distance between the lower *Vertebra* and the *Pubis*, did not exceed two inches and an half. The first I delivered four times, but found it impossible to save any of the children, except one, which was small, and even in that, the shoulder was dislocated. *Vide* Collect. XXXIV. and the third table of my anatomical prints.

The second was twice delivered by another gentleman, and three times by myself, and

and only one child was saved by being born in the eighth month, of a very small size. Both these patients were small in stature, and distorted in the spine. The third, who was a tall woman, but had been ricketty for two or three years in her infancy, I delivered three times with great fatigue, but could save none of the children, which were large: at last, however, she bore a large child in the seventh month. *Vide* Collection XXXV. also Tab. XXVI. and XXVII. I have been called to several others, where the *Pelvis* appeared, at that part, not to exceed three inches, or three inches and an half. When the children were large, it was impossible to save them, either by the forceps or by turning; but when I was called in time, and found them small, or even of a middle size, the patient was commonly delivered by one of those methods, if the labour pains were not sufficient.

I have been several times bespoke to attend women in their first children, by their friends, who were apprehensive, that they would have difficult or dangerous labours, because they were distorted in their backs. Eight patients in these circumstances, did I deliver in the year 1748, and six of them had easy natural labours; the other two were more difficult, which proceeded from

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the large size of the children, and the small make of the mothers. In a few cases, have I found one or two bones of the *Sacrum* jetting inwards, to such a degree, that the head of the child passed with great difficulty: in two of these, I used the forceps, and at one time was obliged to dilate the bones of the *Cranium*, as the lower ends of the *Ossa Ischia* were scarce three inches asunder.

COLLECTION II.

Operations performed upon the external Parts.

[*Vide* Vol. I. Lib. I. Chap. II. Sect. I.]

Preternatural Size of the NYMPHÆ.

CASE I.

In April 1733, I was called to a young woman, who, by a fall from an hay-loft, upon a post below, had bruised the *Labia Pudendi*: besides an inflammation of the parts, I found one of the *Nymphæ* so preternaturally large, as to hang down three inches without the *Labia*. Her mother was surprised to see such an extraordinary excrescence, which the daughter had concealed from her knowledge, and desired me, after the inflammation was removed, to remedy, if possible, this inconvenience, as the girl was to be married in a little time. The excision was accordingly performed with great ease, as that part next the *Labia* was very thin. The patient could recollect no cause, to which this excrescence might be owing; but said she first perceived it, when she was sixteen years of age; that it gradually enlarged, and frequently gave her much uneasiness, by itching, and being subject to pricking pains. The outward edge
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and extremity was about an inch thick, extending two inches from the upper to the under part. The cause did not seem to have been venereal, but merely a swelling of the glands.

C A S E II.

In the year 1722, I was present at the extirpation of the *Nymphæ*, which were excessively large and pendulous in a woman, who alleged, that the disorder proceeded from a venereal taint, of which she had been formerly cured.

Mauriceau, in Observation 313, mentions his taking off, by ligature, an elongation of the *Carunculæ Myrtiformes*.

C A S E III.

Of an obstructed HYMEN.

In the year 1727, a woman brought her daughter from the country for my advice. She had been a year married, and, in her own opinion, was in the eighth month of her pregnancy, although she was regular in the discharge of the *Catamenia*. She affirmed, she had frequently felt the motion of the child, and was grown much bigger than her ordinary size. I examined the *Abdomen*, but could not feel the circumscribed tumour of the *Uterus*: indeed she was corpulent, so that the belly was large, though soft. I then directed

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rected her to lean forwards on the back of a chair, and seating myself behind, attempted to examine the *Uterus* by the *Vagina*, when I found the entrance obstructed.

Through the persuasion of her mother, she consented to have these parts inspected; and being laid supine upon a couch, I separated the *Labia*, when I perceived the *Hymen* in the form of a crescent, from the middle of which proceeded a kind of ligament, attached to the lower part of the *Meatus Urinarius*, leaving a passage on each side, capable of admitting a probe into the *Vagina*, and of yielding passage to the menstrual discharge, but effectually obstructing the introduction of the *Penis*. Having snipt this attachment asunder, I introduced my finger into the *Vagina*, and felt the *Uterus* rising up before it, as in the unimpregnated state, without any sensible weight or stretching of the part. From this circumstance, I concluded, and assured her, she was not with child; then introduced a large thick tent, dipped in red wine, and secured it with a bandage. After this operation, she soon became pregnant, and has since been delivered of several children.

C A S E IV.

In *January* 1754, a woman brought to me a girl five or six years old, whose *Hymen*

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men was imperforate, though it had been twice opened by a surgeon, but the lips of the incision had united again.

I made an opening in the same place with a bistory, which I gradually dilated, first, with my little finger, and then with the forefinger, until I could touch the *Os Uteri*; then snipping with a pair of scissors a small portion of the *Hymen* that remained next to the *Frenum*, I introduced a large tent, which was kept in that part by compresses and a proper bandage.

Hildanus, in *Centuria* 3. Observ. 60. gives three examples in which the passage was shut up by a membrane.

The first was a girl of sixteen, who was once a month seized with violent pains in her belly, faintings, head-achs, and sometimes epileptic fits; which, on a copious bleeding at the nose, vanished, and did not return till the next period.

She had refused several advantageous matches, in consequence of these infirmities, which being communicated to our author, he inspected the *Pudenda*, and, finding the *Vagina* shut up by a strong membrane, he directed an incision to be made; but the young woman, being terrified at the thoughts of the knife, refused to submit to the operation.

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The second was a young woman of *Paris*, who, being married, could not admit the embraces of her husband; and he, on that account, sued for a divorce; but as she suspected herself with child, several eminent surgeons examined the parts, and found the entrance to the *Vagina* shut up by a strong callous membrane, in which were small openings, sufficient to allow the menstrual discharge.

This membrane being dilated, and proper pessaries and applications used, to keep the passages open, the husband was satisfied, and the woman was, in six months, safely delivered of a full grown child.

Mauriceau likewise in Observation 489, gives an account of a woman's having conceived, and been delivered of a child, though the *Hymen* had not been broke in coition.

The third case of *Hildanus*, nearly resembles the following, communicated by Dr. *D. Monro*.

C A S E V.

A girl of fifteen had all the symptoms of the menstrual discharge, which continued to seize her regularly every month, though nothing was evacuated from the *Uterus*. When she attained the age of nineteen, her belly was considerably swelled, and finding a large tumour in her *Pudenda*, she applied

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plied for relief to his father, who immediately perceived it was occasioned by an imperforated *Hymen*. This he forthwith opened with a lancet, which was instantly followed by a discharge of about three pints and an half of blood, of the consistence of butter-milk, and colour of grumous blood, though without the least smell or fœtor: about half a pint of the same fluid was evacuated before morning, and the girl did well.

C A S E VI.

Communicated by Dr. *George Macaulay*, Physician to the Lying-in-Hospital, in *Brownlow-street*.

About seven years ago, I was desired to visit a young woman, about nineteen years of age, of a large make, and full breast, who was in exquisite pain, and could not make water. Her belly being very much swelled, her pulse feverish, and her pains exactly resembling those of labour; I ordered her to be bled, a glyster to be injected, and prescribed some other medicines. Next morning, I was informed more circumstantially of her illness, by her mother, who said, she had been complaining for some months, though pretty well at intervals; but now there was something forcing down at her privy parts. In
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consequence of this information, I examined her in a cursory manner, because I had called in my way to another patient, to whom I was sent for in a hurry. I found the belly very much distended, and, endeavouring to pass one finger into the *Vagina*, felt what I then took to be the membranes, with the waters pushing pretty low down.

From this circumstance I concluded she was in labour, and left her for the present, after having intimated to the mother, that a little time would in all probability determine the nature of her daughter's complaint. In my return I called again, and found the girl in exquisite agony, tho' matters were not at all advanced, during three hours which had elapsed in my absence.

Then it was I thought of enquiring, whether or not she had ever undergone the menstrual discharge; when being answered in the negative, I examined more carefully, and found what I had mistaken for the membranes, was no other than the imperforated *Hymen* protruded by some fluid as far as the external *Labia*.

Having, upon this discovery, signified the only and certain means of cure to the patient and her mother, and they consenting to the operation, I divided the thick, strong membrane with a knife, and evacuated, as near as I can guess, two quarts of thick, black blood.

As

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As it flowed out, and the great pressure was removed from the neck of the bladder, the urine was discharged, and the poor girl said she found herself in heaven.

She was afterward seized with shiverings and faintings, for which I prescribed cordials and the bark, upon a presumption that the parts, from the long continued pressure, might be disposed to mortification.

She recovered very fast, and was married in six months after the aperture was made.

Rayseb, Tom. 1. Observat. 22. says, he was called to a woman in labour, whose *Hymen* was entire, and prevented the delivery of the child, by whose head it was distended. An incision being cautiously made, he perceived another thick membrane farther in the *Vagina*, which being also opened, the woman was delivered.

Saviard, Observ. 4. relates the case of a young lady whose *Vagina* was obstructed by a membrane, which being cut, two pints of stinking matter, of the consistence of lees of wine, were discharged.

He likewise gives an instance of the entrance to the *Vagina* being so much contracted by the indiscreet use of astringents, that a probe could hardly be admitted: but this opening was enlarged upon a directory, so as to admit a tent an inch and a half in circumference.

COLLECTION III.

Of the thickness of the UTERUS in time of Gestation.

In the year 1747, and the following (*Vide* Vol. III. Collection XXXIX. Case 1 and 2.), I had opportunities of opening two women who had arrived at their full time, but died of violent floodings, before any assistance could be procured to deliver them. The membranes were still unbroke, and both *Uteri* kept at their full extent by a large quantity of water. When I opened them, with intent, if possible, to save the children, I found each about a quarter of an inch thick. This is likewise the state of the *Uterus* now in my possession, taken from a woman who died in the eighth month of her pregnancy, before the membranes were broke.

I have assisted in opening several women who died after delivery, in consequence of excessive weakness and violent floodings: when the *Uterus* was not much contracted, it was not much thicker than that I have described; but, in those who died a few days after delivery, from obstructions of the *Lochia* and a fever, the *Uterus* was contracted to a small size, and generally from one to two inches thick; I must, however, except one

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case of a woman in 1752, who seemed to have been seven or eight months gone with child, yet the *Uterus* was contracted to a small bulk, though when stretched, it did not exceed the eighth or tenth part of an inch in thickness at the *Fundus*. Vide Dr. Garrow's letter, Collect. XIII. No. 1.

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COLLECTION IV.

Of Obstructions of the CATAMENIA, the immoderate Flux of the MENSES, and of the FLUOR ALBUS.

NUMB. I.

The CATAMENIA obstructed.

CASE I.

In the year 1724, a gentlewoman turned of twenty, who had always enjoyed good health and a regular discharge of the *Menses*, happened, during that evacuation, to fall into a river in very cold weather, and was obliged to ride a full mile before she reached her home. By this accident the *Catamenia* were entirely obstructed, and I was called to give my advice and assistance. When I arrived at the place, she had been in bed some hours, and complained of violent pains in her head and back; her pulse was quick, she breathed with difficulty, and seemed a little delirious. It was some time before I knew the discharge was upon her when she fell into the water, consequently I was ignorant of the obstruction. She was immediately bled at the arm, to the quantity of twelve ounces;

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but,

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but, finding no relief from this evacuation, she lost eight ounces more, and fainted away: the pains, however, and difficulty of breathing soon abated, and a profuse sweat ensued. This was encouraged by frequent draughts of weak white wine whey; the pulse became more calm and regular, the delirium gradually ceased, she enjoyed a profound sleep, and next morning seemed to be in perfect health.

I was then informed of the obstruction; and, understanding she was costive, prescribed a glyster, which had a favourable operation: that same evening I directed her feet to be bathed in warm water, and desired she might sit over the steams of it, so as that the vapour should foment her lower parts.

Next day she was gently purged with an infusion of *Sena* and *Manna*; but the discharge did not return, although she was perfectly easy and free from all complaints, but that of being low-spirited from the evacuations she had undergone. I recommended warmth, gentle exercise, and food of easy digestion, in hope, that, as she was of an healthy constitution, nature would restore the regularity of the discharge. Nor was I disappointed in my expectation: at the end of four weeks, the *Menses* appeared as usual, she was in a little time married, and has never since had any complaint of that nature.

It

It would be equally tedious and unnecessary, to insert a number of such cases, which have happened in the course of my practice. I shall only observe, that gentle evacuations, exercise, and low diet, generally remove those obstructions in the first four or five months; and, unless the fluids acquire a wrong turn by some other kind of irruption, such as a discharge of blood from the hæmorrhoidal veins, stomach, lungs, nose, and sometimes, though very seldom, through the hairy scalp, cuticle of the legs, and other parts; I say, except when diverted by such preternatural hæmorrhages, the *Menses* commonly return, or else the patient is afflicted with those complaints, which proceed from a weak and languid circulation of the fluids. In this case, the method recommended above must be altered, and the obstructions removed by medicines that quicken the circulation of the blood; such as gentle emetics, bitter and aromatic infusions, preparations of steel, chalybeate waters, riding, and nourishing diet. In a word, when the obstruction is owing to plethora, rigidity, or tension, evacuations are proper; but when it proceeds from a weak and relaxed habit of body, those things that nourish and strengthen the constitution, are most effectual. Great attention is therefore required to consider these different circumstances,

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stances, and experience to judge of the indication; especially, as almost all the complaints of unmarried women, proceed from the irregularity of this discharge.

During my general practice in the country, when my advice was solicited by female patients, who laboured under either an obstruction, immoderate discharge, or irregularity of the *Menses*, especially if the disorder was of long continuance, I succeeded best by following the methods recommended by the late learned Dr. *Freind*. I shall therefore insert a summary of his cases, with regard to the symptoms and practice; and refer the reader to his *Emmenologia* for his theory of these distempers.

C A S E I.

October 26, 1700, a young woman, eighteen years of age, and till that time free from the *Menses*, complained of a sharp pain about the loins, knees, and ancles. She also laboured under a *Dyspnæa*, *Nausea*, and gripings of the stomach: upon the least stirring, there was a palpitation of the heart. Her countenance was of a florid colour, her pulse weak and slow. These symptoms had continued violent for almost six months. He first ordered the following cathartic.

R

R *Calomelan.* ℥i. *Resin Jalap.* gr. v. *Tartar. Vitriolat.* gr. iv. m. f. *pulv. cap. manè in Conseru. Rosar.*

After the operation of the above medicine, she was ordered the following electuary and infusion.

R *Conseru. Absynth. Roman.* ℥iij. *Æthiop. Min.* ℥i. *Chalyb. cum Sulphur.* p. p. ℥ss. *Rad. Gentian. Cucum.* Pulv. ā ℥ii. *Syr. Garyoph.* q. s. m. f. *l. leet. cap. q. n. m. ter in die, hor. med. suberbib. Cochl. v. infus. seq.*

R *Limat Chalyb* ℥i ℞. *infunde in Cerevisiæ tenuis* ℥ ij *per triduum, deinde adde Rad. Gentian. in* ℥ss. *Rub. Tinctur Curcum.* ā ℥ij *sumitot. Absynth. vulgar. Centaur. minor* ā m i. *Pac. Junip* ℥ss *sem. Cardamom. Min. Cubeb.* ā j. *misc. fiat infus. per diem. In colatura quolibet Hauſtu cap. gt. xx. mixtur. seq.*

R *Sc Sal Armon. Elix. p. p.* ā ℥ij. m.

He designedly omitted Bleeding, because of the weakness of the patient.

October 23. In the afternoon she complained less of her stomach, the pulse was stronger, and her strength much increased.

October 30. The *Menses* came down of a laudable colour. The pain of her loins and ancles immediately vanished. The flux continued eight days, during which she was forbid the use of her medicines; which being however repeated, after another week, the

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Menses flowed regularly again at the next period, and the patient entirely recovered her health.

C A S E II.

October 31, 1700, a woman about thirty years of age, had not had the *Menses* for the space of two years. Upon the detention of which, she was seized with a dry cough, violent Dyspnœa, palpitation of the heart, pain in the head, a vertigo, loss of appetite, indigestion and inflation of the stomach; sometimes a vomiting, decay of strength, night sweats, a vicissitude of heat and cold, and a trembling; and sometimes the blood broke forth at the nostrils. The pulse was very weak.

He says, the indications of cure seemed to be three.

I. To restore a good digestion in the stomach.

II. To increase the impulse of the blood.

III. To relax the uterine vessels.

To relieve the pains and decay of strength, he ordered the following Cardiac.

R *Sp. Sal. Armon. Tinct. Croci. Laud. Liq.* ā ʒi. m.
cap. gt. xxx. *sepius in quovis vehiculo.*

By the use of these things, the pains very much abated, and her strength was recruited.

November

November 2. She took the cathartic prescribed in the former case; which purged her six times, and eased the Dyspnœa.

November 3. She made use of the electuary and infusion, described in the former case; not neglecting in the mean time the cardiac mixture. The following emollient fomentation was applied to the region of the *Uterus* to relax the vessels.

R *Rad. Althææ. Lil. Alb. ā ʒij. Sem. Lini, Fenu-græc. ā ʒij. Flor. Chamæmeli, ineth. ā p. i. Majoran m. i. Bulliant ex vin. & aq. part. æq. Liquor sit pro fomentatione bis in die applicand.*

November 8. The pulse was somewhat stronger; but hardly any change in the symptoms.

November 15. Nothing new, except that the appetite seemed to return, and the nocturnal sweats vanished.

November 22. A whitish humour flowed from the *Uterus*, which ceased after five days. He remarks, that there is frequent mention among authors of pallid *Menfes*.

December 1. The symptoms, although much milder, were not however yet removed. The following purge was prescribed.

R *Pil. Ruf. ʒss. Resin. Jalap. gr. iij. Ol. Sassafr. gt. i. Balf. Peruv. q. s. m. f. Pil. mediocr.*

She likewise returned to the use of the electuary, infusion and mixture; which

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being duly taken, the pulse grew stronger, and her strength was recruited.

December 19. The *Menses* were brought down of a pretty red colour, which continued for three days. Upon their breaking forth, the symptoms were so much abated, that she complained only of some small difficulty in her breathing, and pain of her head. But repeating the infusion, her health, at the month's end, returned with the *Catamenia*.

C A S E III.

October 2, 1702, a laundry-maid of a sanguine habit, aged twenty-four years, caught cold, and by washing her legs in cold water, in time of the *Menses*, they were wholly suppressed for the space of one year; yet, without any remarkable detriment to her health; which he imagined proceeded from her hard labour and exercise. But at the year's end, she was attacked with most of the symptoms as in the II^d case; only there arose a hard tumor on the *Tibia*, for which he ordered a vein to be opened in the arm. As that did not relieve the tumor, he ordered a cathartic, and a bitter chalybeate infusion, with the emollient fomentation.

October 28. The purge was repeated, and the tumor became milder.

November

November 6. The pulse increased with the strength, and to provoke the *Menses*, the *Saphæna* was opened.

November 11. The *Menses* flowed in a small quantity. Her florid colour returned again, and the tumor with the other symptoms vanished.

He gives three other cases; the first two had their complaint from the *Menses* being irregular and in too small a quantity; but the third was that of a married woman about twenty-five years of age; she had a decrease of her *Menses* for almost a year, but a total suppression of the three last periods. All these he treated according to their different complaints, but brought them regular, principally by the use of chalybeate medicines.

I have had many patients, who, in obstructions of the *Menses*, if they were attacked with discharges from other parts of the body of different kinds, either periodically or continued, have frustrated all attempts to bring back the *Catamenia*, and prevented conception. If the discharges were from the lungs, stomach and other viscera, they frequently proved fatal to the patients: if from the external parts, as hæmorrhages from the nose, hairy scalp, legs, or issues in different parts, although they partly prevented the removal of the obstruction, yet they keep the patients in
a tole-

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a tolerable state of health. *Skenckius*, in his *Observationum Medicinalium*, Lib. 4. *De Conceptione*, p. 613. gives several cases from different authors, of some women who conceived before they had the *Menses*, others who bore several children, and never had any such discharge.

Mr. PEARCE, in the *Bath Memoirs*, c'ap. xix. from pag. 187, to pag. 190, gives four cases of girls labouring under the *Chlorosis* or green-sickness, who, after trying many medicines in vain, were cured by drinking the *Bath* waters, and frequently bathing in them.

Vide *Hildani*, Cent. 5. *Concrvat.* 41.

NUMBER II. CASE I.

Immoderate flux of the CATAMENIA.

In the year 1732, I was called to a young woman about the age of eighteen, who was very much weakened by an immoderate discharge of the *Menses*. She had been of an healthy constitution, and regular in her monthly evacuations for the space of a whole year; but about six months before I saw her, she was, in time of the discharge, overheated with dancing, in consequence of which, the *Menses* flowed to such a quantity as threw her into fainting fits, so that she was obliged to be carried home and put to bed, where she
was

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was supported by a nourishing diet, and in ten days was free of the discharge. Yet, every three weeks after this period, she was attacked in the same manner, though in a less violent degree, and continued ill about the same space of time. By this excess of evacuation, she was reduced from a healthy constitution and florid complexion, to a weak habit of body and pale visage; and, when I was called, actually lay in a swoon, occasioned by the great discharge, and her pulse, which at any time was low, I could now hardly feel. As soon as she could swallow, she took a draught of wine and water, in which fifteen drops of *Liquid Laudanum* were diluted; then she was put to bed, and in half an hour, the violence of the discharge was considerably abated; when I introduced into the *Vagina* a bit of sponge, dipt in a solution of alum, wine and water. Having considered the case during this period, I directed her to take two spoonfuls of the following prescription, as often as the violence of the discharge should return.

℞ *Infusio Ros. rub.* ℥vi. *Elix. Vitriol. Laud. liquid.*
ā gut. xv. m.

I likewise directed the sponge to be continued, and frequently moistened with this decoction.

℞

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*R Cort Granat Querc. Flor. Balaust. Ros. rub. ā
3ij. coquantur in aq. fontan. ad 3vi. in colatura
solue Alum. 3ß. et adde Vin. rub. 3ij.*

Next day she was much easier, the discharge being diminished and of a pale colour. For drink, I prescribed chicken broth, in which rice had been boiled, with asses milk, to be taken morning and evening; for diet, veal, chicken, bread-pudding, made with whites of eggs; and for change of drink, barley-water, in which gum arabic was dissolved, and water-gruel with eggs, in the manner of egg caudle. Though she recovered her strength by this method, the discharge returned at the end of the three weeks, but not in such quantity, nor for such a length of time. I directed her to use the same regimen with moderate exercise, and after two or three periodical evacuations of the same kind, she perfectly recovered her health and bloom.

The same method I have successfully used with a great number of patients, both married and unmarried, only varying the medicines and the diet, according to the violence of the disease and constitution of the patient; and occasionally prescribing the *Cort. Peruvian. Pilul. Gummos. Spaw, Bath and Bristol* waters, the two last kinds especially, to be drank at the Wells.

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Those who are much weakened by floodings in miscarriages, or even in delivery, had sometimes, for two or three periods after, very large discharges, and were relieved by the means specified above.

What follows, concerning the immoderate flux of the *Menses*, is copied from Dr. DALE's Translation of FREIND.

C A S E I.

February 1. 1702. A certain woman, after a lying-in, was seized with an immoderate flux of the *Menses*, which continued for six years; in the last two years, the blood flowed almost daily, concreted sometimes into *Gru-mi* of the bigness of an egg. She laboured under a very great weakness and drought, and was also sometimes feverish. A violent and continued pain in the *Abdomen* and region of the *Uterus*. She was seized with an anxiety at her heart, and sometimes also with a syncope. The pulse scarce perceptible. The intention of the cure seemed to be, after the stoppage of the flux, to restore the strength, which was extremely much decayed. But in checking the flux, since I thought proper to abstain from repellents, because their use seemed to be forbid, by the strength being

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being so excessively weak, I trusted wholly to astringents, and them I ordered as well internally as externally.

R Cortic. Cranat. $\mathfrak{z}\mathfrak{ss}$. Rad. Tormentill. $\mathfrak{z}\mathfrak{i}$. Flor. Ros. Rubr. Balauſtic. \mathfrak{a} m. i. Coq. in Aq Ferrar. Lib. II ad Conſumpt. Lib. I. Colatura ſit pro fomentatione, bis in die parti affectæ tepide applicand.

For her common drink ſhe uſed the Decoct. Alb. in Lib. II. whereof were boiled Cinnamon $\mathfrak{z}\mathfrak{i}\mathfrak{j}$.

Internally was applied the Tinct. Antiphthiſica, ſo much commended by Etmuller, drawn from Sacchar. Satur. et Vitriolum Martis, with Sp. Vini. Of the tincture, ſhe took twenty drops in Aq. Plantag. ſeveral times a day. When her pain or watching was troubleſome, ſhe took twenty drops of Laud. liq. Feb 3. The flux was ſtayed; and leſt it might poſſibly return, the fomentation was repeated daily to February the 6th. But the flux being thus reſtrained, the pain and weakneſs ſeemed now to be regarded. I took therefore from the diatetic medicine, broths, and good nourishing foods; from the pharmaceutic, the following mixture:

R Tinct. Croc. Laudan. Liq. Sydenb. \mathfrak{a} $\mathfrak{z}\mathfrak{i}\mathfrak{j}$. Camphor. in Sp. Vini $\mathfrak{z}\mathfrak{ss}$. Diſſolut. $\mathfrak{z}\mathfrak{i}$ m. cap. gut. xxx. Sexies in Die in Aqua Cinnam. fort. et Hord. \mathfrak{a} p. x.

with

with which her strength was very much repaired and her pain abated. *Feb. 8.* A sort of membranous pouch hung down from the *Labia Pudendi*, which yet adhered so firmly towards the *Uterus* that it could not be extracted from the *Vagina*. It had also a very ill smell; and indeed at first sight, the inner coat of the *Vagina* seemed to be fallen down; for I the less suspected it to be any remains of the *Placenta*, because the woman denied that she had been brought to bed for six years. But when, upon considering the stink and the pain, I began to entertain some suspicion of a *Placenta*, I thought it proper to examine into the matter a little more narrowly; and therefore inquired of the woman, whether she had not miscarried since that lying in: She confessed she had been with child about two years since, and that being terribly frightened, as she returned home in the night-time through the streets, she had miscarried by the way; but that after she was returned home, she sent for no midwife to examine, whether any thing was left in the *Uterus* or not. From that time also the pain took its rise. The disease having been thus enquired into, the indication seemed to be this; namely, to restore the force of the *Uterus* and abdominal muscles, so that it might expel any remains of the *Placenta*;

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and, because the mixture which was ordered her conduced very much to this end, she took forty drops of it several times in a day, by which medicine her spirits were so recruited, that, *Feb. 10*, some part of the *Placenta* was thrown forth, not only of a very strong smell, but plainly putrid. *Feb. 11*. Another portion was also thrown forth, of the same ill scent. From that time there were no marks of that membranous substance within the *Vagina*: In like manner also was the whole pain immediately allayed. *Feb. 13*. She so far recovered her strength, as to be able now to sit up for some hours, after having been confined to her bed almost a month. She made no complaint of any thing but her weakness and loss of appetite. She took daily of her mixture, from which she found very great relief. *Feb. 17*. The flux returned; which I was unwilling to check, because I found it very moderate, and attended with no ill symptoms; for it appeared to be the natural and ordinary evacuation of the *Menses*: which was therefore ended on the fourth day. *Feb. 23*. That I might further provide for her strength, the following things were prescribed,

R *Tinct. Cortic. Peruv. in (Vin. alb. lb. i. ℞.)*
Tinct. Croci Spec. Diamb. ā ʒss. m. cap. Coch. 6
ter in die.

Feb. 25. Her appetite was restored. Nothing was wanting to complete her health but strength; which, however, upon twice repeating the decoction, was also happily renewed.

C A S E II.

Sept. 10, 1701. A woman of a full habit, and who had been used to have too great a discharge of the *Menses*, fell into an immoderate flux from excessive exercise, so that the *Menses* came down in a large quantity; at first indeed, for six days, and afterwards for twelve.

When she had laboured under this indisposition the whole summer, her strength was very much cast down; she was often seized with a *Syncope* and *Spasm*; her feet swelled; her countenance almost hippocratic; the blood being very thin, did not flow *guttatim*, but, as it were, in a continued stream. When I first visited her, the flux had continued four days.

The indication, therefore, of the distemper required, that the flux should be immediately stopped. That this might be effected, the same fomentation was applied as is described in the first case.

At the hour of rest, she took the following hypnotic.

R Trochisc. Gordon. ʒß. Laudan. Lond. gr. ii. Mucilag. Gum. Arab. q. s. m. Pil. exiguae. Cap. 3.

D 2

By

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By the use of these she slept very quietly.

Sept. 11. The *Menses* still flowing, this electuary was prescribed.

℞ *Conserv. Ros. Rubr.* ℥i. *Bol. Arm. Crec. Mart. astring.* ā ℥i. *Maslich. Ter. Japan.* ā ℥ii. *Spec. Diatr. Santal.* ℥iv. *Syr. e Symphyt.* q. s. m. f. *Elect. cap.* q. N. *M.* 4ta quaque hora, superb. *Coch.* 5. *Jalap.* seq.

℞ *Aq. sperm. Ranar. Plantagin. Cinnam. Hord.* ā ℔ss. *Syr. e Coral.* q. s. m. f. *Jalap. cap. etiam ter in die Spir. Vitriol.* gt. xl. in quovis vehiculo.

Repet. Foment. et Pilul. præscript.

Sept. 13. The flux still continued, although only guttatim; which yet upon her duly taking the medicines, on Sept. 15. wholly ceased.

Now, therefore, the whole method of cure seemed to turn upon this point, namely, to strengthen the vessels, and prevent the rarefaction of the blood. To answer the first intention, the fomentation was every day repeated; the use of glutinants and balsamics seemed sufficient for the second: astringents being therefore set aside, the following method was pursued.

℞ *Decoct. Alb.* ℔ii. *Aq. Cinnamon. Hord.* ℥iii. *Sacch. Alb.* q. s. m. cap. ℥iv. quater in die.

℞ *Bals. Capiv. Polychrest.* ā ℥ii. cap. gt. xxv. hora decubitus in *Conserv. Rosar. Rubr.*

Upon the taking of these remedies after the interval of almost three weeks, Oct. 5. the

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Menses returned, and continued so for six days. But the last prescriptions being repeated, the next period, the flux was terminated the fourth day; which stopping hitherto within the same space of time, the woman was thereupon perfectly recovered.

C A S E III.

May 21, 1703. A woman thirty six years old, after a miscarriage, had a flux of the *Menses* during fourteen days, for three periods; afterwards, for almost three months they came down daily. By which flux she was so weakened, that she could by no means walk, and but scarce stand. She drew her breath with so much difficulty, that she was in danger of being suffocated. She was seized sometimes with a *Syncope*, and sometimes with a hysteric fit; so that she lay for an hour or two, as if she was dead. The same pale colour and leanness as in consumptive persons: the pulse weak and intermitting.

The indication of cure seemed to regard, first, the stoppage of the flux, and then the restoring of the strength. The fomentation was therefore made use of, which is described in the first case; which indeed I generally found to be efficacious. Inwardly she took twenty drops of spirit *Sal. dalc.* in *Decoct.*

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Tormentill. four times a day, May 25. The flux something abated, although it broke out again every day. The following emulsion was ordered, in the room of her common drink.

R. *Amygd. Dulc. excorticat.* ʒi. *sem. iv. frig. Maj.*
ā ʒii. quibus in Mortario contusis affund. aq.
Hord. lbii. Colaturæ add. Sal. Prunell. ʒii. Syr.
Althæ q. s. m.

May 30. The flux was stayed; however it broke forth again the next day in the evening. But by the continual use of the remedies prescribed, the flux was so regulated, that from June the 3d to the 9th it was wholly stopped; afterwards, at the month's end, it returned at the usual periods. The flux being therefore restrained, and the canals sufficiently closed up, the other indication was pursued after this manner,

R. *Cort. Peruv. ʒi. Rad. Zedear. ʒss. Cochinell. ʒii.*
Digerantur cum Vin. Alb. lbii. tepide per tri-
duum. Liqueus filtrati cap. ter in die ʒii. in
quolibet haustu insillentur Tinct. Serpent. Virg.
gt. xx.

at night, because she was often sleepless, and sometimes also hysteric; she took the following pægoric pills:

R. *Calben. col. ʒi. spec. Diamb. Castor. Camphor.*
ā ʒss. Lenden. Lond. ʒi. m. f. Pil. xx. cap. 2.
ante decubitum superb. Tinct. præscript. Coch. 4.
Let

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Let her diet consist of very nourishing food.

July 19. Her stomach, which had been hitherto disordered, was much strengthened; and her strength also somewhat confirmed. At the beginning of *August*, the woman, by following the method prescribed, was perfectly recovered.

Forestus de Mulierum Morbis, Lib. XXVIII. has nine observations on the too great flux of the *Menses*.

Vide *Zacut. Lusitan.* Tom. I. Lib. III. p. 479, and Tom. II. Lib. III. p. 487.

Vide Mr. *Stead's* case in the following Number.

N U M B. III.

Of the FLUOR ALBUS.

As Hoffman has treated largely on the *Fluor Albus*, I have inserted an abridgment of the following cases from that part of his works, where he treats *De cachexia uterina, sive fluore albo*.

O B S E R V A T I O N II.

In a woman about thirty years of age, of a tender constitution, living near the sea, a sedentary life, and on a diet of difficult digestion, as sea fish, especially oysters, the discharge of the *Menses* had for a year been irregular and in small quantities; she was much

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afflicted with the *Fluor Albus*; her countenance began to turn pale, with great lassitude both of body and mind. He first ordered a vomit of *Rad. Ipœcacuanhæ* ʒʒ. *Tartari Vitrioli* ʒʒ. to be taken twice a week; after that to take, once a week, a dose of opening pills, which were composed of some bitter extracts, gums and rhubarb, and in the intermediate days, three or four ounces every morning of the following stomachic wine.

R Rad. Zedoar. Calami aromat. Enulæ ā ʒʒ. Herb. Absynth. Rorismarin. Marub. alb. menthæ, Jalsiæ, Centaur. minor. ā m. j. Baccar. Junip. ʒi. infundantur in Vini Canariensis mensura una & dimidia. Coletur usus tempore & per mensum hæc cura continuetur.

He advised her also to take frequent and moderate exercise, to eat things of easy digestion, and shun the contrary. By this method, he cured many, where the disease proceeded from a bad digestion, and not of long standing, or had not degenerated into a bad habit of body.

OBSERVATION III.

A woman past thirty, of a lean habit, for more than a year after she had miscarried three times, was taken with a troublesome *Fluor Albus*, the *Menses* were irregular, and sometimes, in a large quantity. He ordered her some of his opening balsamic pills, to be taken

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taken for three nights, and each morning about three ounces of aperient wine. The same day he ordered her a bath made with soft water and strengthening herbs, with a bag of the same herbs applied over the region of the groins. After the intermission of three days, the same things were again administered for three more, and repeated in the same manner a third time, with fresh herbs each time. Then he ordered the *Uterus* to be fumigated with frankincense, mastich and amber; and the patient to live regular. By which method, not only the bowels, but also the *Uterus* was purged of a large quantity of humours.

By the same treatment, he recovered many others under the same complaint, as well as the above patient. He further observes, that it is not only necessary to purge the body of vicious serous fluid, but also to strengthen the relaxed *Uterus*, which is too much loaded with viscid humours, by the use of the above baths, made more efficacious with nervous and aromatic herbs. And because for the most part, this disorder is the occasion of barrenness, the above method is the most probable to remove the same.

VOL. III. p. 356. *Obs. V.* A young woman twenty years of age, of a delicate constitution, and who indulged in a sedentary life, after

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after a difficult labour, in which the *Placenta* was pulled away with a great deal of force, was seized with an acute pain. The *Lochia* afterwards did not flow so freely as they ought. Ever since she laboured under a *Fluor Albus*, which increased so much as to weaken her vastly; she was more and more emaciated every day, and her legs began to swell. He observes, that he had frequently found in practice such violent treatment was the occasion of the like complaints.

She was prescribed some balsamic and nitrous medicines, and ordered to drink with her victuals a decoction of mastich, with some cinnamon and wine mixed with it. The parts were likewise fumigated with sandaric, mastich, benzoin and cinnabar, and fomentations of nervous medicines boiled in wine often applied to the inguinal region. This method, with an exact regimen of diet, had the desired effect.

From Mr. PEARCE's *Bath Memoirs*, p. 219.

A married woman, aged thirty-seven years, having for a long time laboured under the *Fluor Albus*, which at first was only white, afterwards yellow, then greenish, after that dusky towards a black, and then interspersed with red, was cured by sometime bathing in the *Bath* waters, drinking them, and taking some
gentle

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gentle balsamic astringents along with them, while at the same time, she threw up into the *Uterus* some of these waters with some *Mel rosarum*. In this section, there are other three cases of women, cured by drinking these waters and bathing.

Vide Forestum de Mulierum Morbis, Lib. XXVIII. where he gives five cases on the *Fluor Albus*.

Vide Boneti Sepulchrenum de fluore Muliebri, Lib. III. Sect. 36.

A Case from Mr. Stead, of Guy's Hospital.

A girl of a florid complexion, and eleven years of age, about three years and a half ago, had her *Menstrua* come down in a small quantity, of a proper red colour, and which continued upon her several succeeding weeks; then stopped, and returned afterwards in a regular manner, once a month, till within these three weeks last past, during the greatest part of which time she has had a flooding. Two or three days after the first stop of the *Menses*, it was discovered she had the whites, and has been subject thereto ever since; the colour is white, has of late been thin, and so sharp, as to excoriate the parts *intra Labia*. She was suspected to be clapped; but both she and her mother solemnly declare, no man had ever touched her; and
this

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this was confirmed by the extreme narrowness of the mouth of the *Vagina*. No particular cause of this early appearance of the *Menses* could be found out; unless these be admitted, that she had at that time a violent fit of crying, and might, perhaps, have been weakened, and received a wrench in the loins, by having been compelled to carry large heavy children in her arms. Sometime before, and after her admission into the hospital, she had such a constant uneasiness, smarting pain, and sense of bearing down about the *Vagina* and privities, that she could not walk or lie in bed, except cross-legged, which position of the parts were tolerably easy to her. She complains of great weakness across the loins, and has an almost unextinguishable thirst, and is regular in stools. In these circumstances the physician directed as follows.

℞ Gum. Oliban. ℥℥. mellis q. f. solut. adde Aq. Laet. Alex. ℥i℥. Mirabil. Syr. Bals. ā ℥ij. f. Haust. omni nocte et mane sumend. et. ℞ Decoct. e Cort. Peru. ℥ij. Elix. Vitriol. gr. xx. f. Haust. quotidie Hora xima matutina et vta vespertina capiend.

After the use of which, between two and three weeks, she being rather costive, a gentle purge was judged necessary; as

℞ Infus. Sen. ℥i℥. Mann. ℥vi. A. Mirab. ℥ij. f. Haust. pro re nata assumendus.

These

These agreed perfectly well with her, the *Mensum profluvium* was soon stopt by the astringents, and the external soreness removed by fomenting the parts night and morning with warm milk, and afterwards gently anointing them with some of this liniment.

R *Ol. Almygd. dulc.* ʒi. *Sperm. Ceti* ʒiʒ. *Cera alb.* ʒʒ. m. f. *Linimentum.*

Little or no check was however given to the whites by two months use of the internals, and thereupon they were at that time left off for these pills :

R *Pil. ex duobus* gr. xii. *Calomel. ppt.* gr. iv. f. *Pil. ij. bis in septimana cum levi regimine capiend.*

R *Terebinth. Venet.* ʒij. *Pulv. Glycyrrh. q. s. f. f. Pil. mediocr. quarum capiantur quatuor ter de die in quovis vehiculo.*

The purging pills operated moderately, and together with the others, were persisted in about eight weeks, the flux gradually abating thereby, except for the last three weeks, during which it seemed to be at a stand, and was so considerable as to induce the physician to endeavour to put a total stop to it; which he attempted and succeeded in by five weeks repetition of the *Olibanum* draught as directed above, and she was accordingly presented out well.

It would be unnecessary to insert more cases of this complaint; though it may be useful

to make some general remarks of the methods which I have found successful in practice.

I have found this discharge beneficial to those who were obstructed or irregular in their *Menses*; but this benefit was more or less, according to the quantity of the evacuation: and the *Fluxus Albus* is diminished by all those methods that are used in removing obstructions.

Indeed, where this complaint was owing to a weak and lax habit of body, I have found it relieved by the method of cure recommended in the immoderate flux of the *Catamenia*; and although I have generally succeeded in both cases, I have met with some patients, who, from the long continuance of the disease, could not be radically cured.

I have had several patients where this discharge diminished, on the cessation of the *Menses* about the age of 45 or 50, and in a few years afterwards, entirely stopt of itself. Some of them for ten, fifteen or twenty years, from the tumefaction, excoriation and soreness of the parts, could not, till after the above cessation, converse with their husbands. *Vide* Vol. I. Book I. Ch. III. Sect. 1.

COLLECTION V.

Of labour, without any previous sensible motion of the child, and extra-uterine Fœtuses. *Vide* Vol. I. Lib. I. Chap. III. Sect. 2 and 3.

NUMB. I.

Labour without the motion of the FOETUS.

In the year 1728, a woman turned of thirty, after having bore three children, inclining to be corpulent, found the *Menses* obstructed; but, far from ascribing this obstruction to the true cause, imagined it was the consequence of her growing fat, especially as she had never felt any thing like the motion of a child. In this way she continued till the seventh month, when I was consulted about removing the obstruction, though she would not allow me to examine in the proper manner. Finding her in good health, though fully persuaded that her bigness was either owing to corpulency or a dropsy, and bent upon having the obstruction removed, I prescribed some gentle opening medicines, as she was naturally costive. I was again consulted in the eighth or ninth month, when she still declared that she felt no motion; and obstinately adhered to her former opinion. At last, however, I

was

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was called to relieve her in a supposed fit of the cholic, and reached the place of her abode, just time enough to receive the child, though she would not be persuaded of her real situation, until she actually heard it cry, because she had never felt it stir, either before, or in time of the labour pains. I have delivered many women of strong and lively children, after they were fully prepossessed with a notion that they were dead, because they had felt no motion in time of labour.

In some cases, I have imagined the labour was brought on by such motion; but have generally found, that the pains did not follow this motion; and after the children were certainly known to be dead, I have delivered a number of women with as much ease, as when the children are alive. The only obstacles I ever found in the delivery of dead children, were the tumefaction of the belly, from the rarefaction of the contained air, that rendered the labour a little tedious, and a large head or narrow *Pelvis*, which would have been attended with the same difficulty, had the children been alive, or the body not tumefied.

NUM B.

N U M B. II.

Of extra-uterine FOETUSES.

In the Philosophical Transactions, No. 323. p. 426. there are accounts of some extra-uterine *Fœtuses*, both of the human and brute species, by Mr. J. Younge. With regard to the human, he says, *Extra-uterine Embrios* have been sometimes found in women; but not publicly taken notice of till the beginning of the last century. The younger *Riolan*, speaking of the falopian tubes, says, they appear of the same nature and substance as the womb, *Quia carnosæ est in qua, quod est mirabile, fœtum humanum concipi, fuit observatum.* Then gives an account of four such strange conceptions which occurred to his knowledge.

He likewise observes, since that time, more strange ones have happened in that country. One was found at *Paris* in *January* 1669, by Mr. *B. Vesalius* in the tube of a woman. It was four months old, and so grown, and the tube so distended, as made him mistake it for another womb, and accordingly to call the account he published thereof, *Demonstration d'une double matrice.* Mr. *Oldenburgh* inserted an extract of it in the Philosophical Transactions, No. 48. and the *German Academy*, Vol. I. Obs. 110. did the like; but neither seemed to understand the mystery, till *De*

Graaf took it right, and made use of this very observation, to illustrate and confirm the hypothesis of *Kerkringius*. About ten years afterwards, a more wonderful and incredible one happened there. It comes very well attested by *Dr. Bayle*, who first published a history of it in the *Journal des Sçavans*, A. D. 1678; and after *Mr. Oldenburgh* put an extract of it into the *Phil. Transact.* No. 139, p. 979. This case is taken from the above, and not from *Mr. Younge*.

Margaret Mathew, wife of *John Puget*, shearman, at or near *Toulouse*, being with child, 1652, perceived about the end of the ninth month of her bearing, such pains as women usually have when about to fall in labour. Her water also broke, but no child followed. For the space of twenty years she had perceived this child to stir; with many troublesome symptoms accompanying; but for the last six years, she perceived not the child to move. She died *Jan. 18, 1678*, and the next day being opened, a dead child was found in her belly out of the womb, no way joined or fastened to it; the head downward; the buttocks hanging toward the left side. All the back part of this child was covered with the *Omentum*, which was about two fingers thick, and stuck hard to divers parts of the body, so as not to be separated without a knife;

knife; which being done, very little blood issued. This infant weighed eight pounds *averdupoize*; the skull was broke into several pieces; the brain of the colour and consistence of ointment of roses. The flesh red, where the *Omentum* stuck, other parts whitish, yellowish, and somewhat livid, except the tongue, which had the natural softness and colour. All the inward parts were discoloured with a blackishness, except the heart, which was red, and without any issuing blood. The forehead, ears, eyes, and nose were covered with a callous substance, as thick as the breadth of a finger. The gums being cut, the teeth appeared in the adulthood of those in grown persons. The body had no bad smell, though kept three days out of the mother's belly. The length of the body, from the buttocks to the top of the head, about eleven inches. The mother died about the 64th year of her age.

Mr. *Younge* goes on and says, that before either of these appeared in *France*, there happened one in *Holland* to *H. Rhoonbuys*. A woman with child at her full time, was four days in labour, and although she had many midwives, could not be delivered. Our author was called *December* 1658, found the *Internum Uteri Osculum* close shut; without flowings, or any fore-runners of the delivery.

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He, finding the common passage so closely shut up, and a very painful tumor above the navel, proposed the *Cæsarian* section. The woman having seen that operation made at *Paris*, earnestly desired him to perform it on her; but he, to observe some unnecessary forms, delayed it till the woman died; who, he believes, with the child, might have been preserved, if the operation had been done when he first saw her. Opening the belly, he found a child among the entrails, and the *Placenta* fastened to the *Colon*, and part to the *Fundus Uteri*, and that there was a breach in the womb, capacious enough for the infant to pass through into the belly. *T. Bartholinus*, the year after *Rhoonbuyse's* exploration, met with such an extraneous *Fætus* lapt up in a *Mola*, which he found in the belly of a woman, and conjectures, *Non possum aliud divinare, quam quod fætus hic primo in tubis uteri conceptus*. He imparted this first to *G. Horstius*, Ep. 58. Vol. IV. afterwards in the 92d observation of his sixth century.

Ann. Dom. 1662, in the city of *Aurange*, *D. Baldwin* and *Mr. Delafort* found *Puellum egregium optime formatum extra Uterum*. The report of this discovery is made public by *Sachs*, with remarks, *Miscell. Cur.* Vol. I. *Observ.* 110. which he concludes with one more stupendous than all I have cited, which he

he had from the *Silesia* chronicle, written long since by *N. Polinus*, and thus relates it.

A woman, who had born ten children in fifteen years matrimony, conceived again; and, at the full time, was delivered through an abscess of the left *Hypocondria*. *Ex qua infans boni habitus extractus, qui baptizatus fuit, et annum unum cum dimidio supervixit; mater vero, summis in doloribus tertio die obiit.* He also, at the beginning, gives an account of a gentleman's servant, having killed a ewe which was thought fat, and having taken out the bowels, found a very unusual and monstrous lump of fat, proceeding like a wen from the middle of the *Omentum*, and when opened, a lamb was found in the same. He likewise relates, that thirty years since, he had been shewn the like found in a bitch. He was also told by a gentleman hunter, that he lately found in the paunch of a hare two full grown young ones amongst the bowels, but almost rotten, and three immature embryos in the *Uterus*.

There is also in the *Philosophical Transactions*, one case that seems to be published by two different persons of near the same date at *Paris*; the first is by *Mr. Saviard*, No. 222. p. 314. The second is by *Dr. Fern*, No. 231. p. 121. which last I have copied, as being the fullest.

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A goldsmith's wife, near nine months gone with her fifth child, was received into the *Hotel Dieu*, Sept. 20, 1696. She was then about thirty-four years of age, of a tender constitution, had had four children before, all which had done very well; but with the present, she had been very ill, and endured a great deal of misery. The midwife, who examined her body, found a considerable rising on the right side near the navel, which very much resembled a child's head; her belly below that place bearing no proportion to that above, or to the time of her pregnancy; on the left side, there was nothing singular. The midwife thought she felt through the *Vagina*, a thick membrane filled and distended with water, and in it the heel of a child bent toward the thigh; but she could not be assured whether this was within the womb or not, by reason of the inner orifice was drawn so high under the *Os Pubis*, she could not without some difficulty touch it with the extremity of her finger. Upon trying some time after, she could not discern any thing like the *Fœtus* she had felt before. The patient told her, that for the first six weeks after her being with child, she had great and continual pains, which shot toward the navel, and terminated there; and these lasted till the third month; that from thence to the fifth she had frequent convulsions,

convulsions, apoplectic fits, and terrible *Syn-
copes*, so that those about her despaired of her
life; that from the sixth to the eighth month,
she had enjoyed much better health, which
in some measure had strengthened her and
her infant; that the pains she had endured
since that time, seemed to be so many alter-
nate throes, probably proceeding from the
repeated strokes of the child's head in that
place, where the teguments were so thin, by
reason of their great extension, that the hard-
ness of the *Cranium* could plainly be discerned
through them. In this condition was this
miserable woman when she was received into
that hospital, till her affliction increasing,
she could not lie on her sides or back, being
forced to sit in a chair, or kneel in her bed,
with her head resting on her breast. These
strange and unaccountable symptoms obliged
the midwife to consult with the physician and
master-surgeon of the house; who thought it
was best to leave the work to nature, and
prepare the woman for labour by opening a
vein in her foot. The evacuation was order-
ed to be small, in which regard was had to
the weakness of the patient, and the delicacy
of her constitution. However, after this
time, the child made no efforts, and the tu-
mor subsided; there remaining only a hy-
dropic indisposition, which might be perceived

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by the fluctuation; and a great quantity of water came away, for several days, from the orifice of the vein: insomuch, that she, who seemed to have her lower belly and thighs extremely distended, was very much emaciated before her death.

After her decease, her body was opened by M. Jovey; and upon the first incision through the teguments, there came away two or three pints *Paris* measure, of water and blood, and there appeared the head of a child naked. When the parts were all laid open, there was found an entire female *Fætus*, contained in a cover or bag, which at once served it both for a womb and membranes. M. Jovey took the child and umbilical string out of the mother's belly, tracing the string to the *Placenta*, into which it was inserted. This last appeared like a great round lump of flesh, and adhered so firmly to the *Mesentery* and *Colon* on the left side, that it could not be separated from them without some trouble. On one side of this lump was a lesser, about the size of a kidney, which principally adhered to the *Mesentery*, and received several branches of the string into it. The larger lump was round, and the greatest part of it adhered to the bag or case which contained the child. This case or bag was corrupted and mortified in part, which probably might
proceed

proceed from the frequent strokes of the infant's head. It sprung from the edges of the *Tube* or *Fimbria* of the right *Ovary*, which was more entire than the left, and proceeded obliquely to the left side, terminating at the bottom of the *Pelvis*. In its descent, it sent out a small portion between the womb and the *Rectum*. This bag, by compressing the neighbouring parts, had gained a considerable space in the above-mentioned cavity; in such a manner, that a great part of the child's body was lodged at the bottom of it, in a bended posture, with the head projecting forwards, which formed the prominence near the navel. This bag seemed to be nothing else but an elongation and distention of the tube, and an expansion or production of the broad ligament on the right side, which was evident from its continuity to these parts, and the distribution of the spermatic vessels, which were larger than usual, and passed from the extremity of the tube to the larger lump. The womb was entire, and in its natural state, except that it was something larger than ordinary, being about the size of that of a woman ten or twelve days after delivery, and no marks that the child had been lodged in it.

M. Jovey having observed this, thought proper to desist, till several eminent physicians and surgeons were called; and then the womb
being

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being carefully dissected, it was unanimously agreed, that the *Fætus* had never been in it, it being, as it was noted above, in the same state as in women who are not with child, except the small dilatation of its bulk, which might arise from a compression of the vessels, and interception of the reflux blood, by the unnatural position of the *Fætus*. In thrusting a long and slender probe through the right horn of the womb, it easily passed into the tube on the same side for three fingers breadth in length, but it could not be thrust farther, by reason of the constriction of the tube in that part. The capacity of the tube could not be distinguished; the *Parietes* of it, by their coalition with the *Chorion* and *Amnios* of the child, forming the bag in which the child was inclosed, which extended from the tube on the right side to that on the left, and was agglutinated to the *Viscera* of the lower belly, the *Rectum*, and to the back part of the womb, as appeared by some fragments remaining on those parts after the separation.

A *Fætus* in the right horn of the *Uterus*, by
Dr. Ferne, No. 251. p. 125.

In dissecting the body of a woman, who supposed herself to be three months gone with child, I found the womb very small, not larger

ger than in virgins, and a hard substance in the right horn, which being opened, appeared to be the skeleton of an infant, with the navel-string smeared round with a white matter not unlike plaister.

In the *Phil. Trans.* No. 378. p. 387. An extra-uterine *Fœtus* that had continued five years and a half in the body, by *Robert Houlston*, M. D.

I was sent for in August 1717, to a woman near *Newport-market*, who had been married eighteen years to a native of the *East-Indies*, by whom she had eight children, besides two miscarriages. At my visiting her, she was with child in a second marriage, and her husband a vigorous young man. She was near her full time, and had felt pain for several days, which returning by intervals, she concluded, would, as usual, bring on her delivery. Her mother and her midwife apprehending no difficulty, assured those about them, that only time was wanting. But I found, on examination, that her womb was of no bulk to contain a child near its time; and that its neck, which was of an uncommon hardness, was also closed so straitly as to refuse the admission even of a small probe or knitting needle. I declared upon this, that her delivery was impossible, because the child

was not within the womb, but between the womb and the guts; but that it might be removed by a passage to be made for it, without any great pain, and with safety to the mother. I offered to undertake it, and assured them that this was the only opportunity, and that if she neglected it, it would be out of the power of art hereafter to give her any relief, for she must languish till death, unless favoured by some unlikely and extraordinary accident. However confidently I affirmed it, they listened with a mixture of disbelief and amazement, and rejected my assistance. At that time, in all probability, it would have been successful; for she was a slender well-shaped woman, in a good habit of body, and of a sprightly disposition.

It was a year after this when I was desired again to visit her. I found her much disordered by a growing imposthumation in her belly. I ordered her some cordial stomachics, *Cassia*, and such gentle lenitives; and they met with success beyond my expectation; so that by aid of a regular diet, and the watchful exactness of a very tender mother (a nurse of about thirty years experience about this city), I restored her to such strength, that she went cheerfully abroad, and applied herself to business.

About

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About fifteen months after the time when I visited her first, her mother came from her to intreat my assistance: she complained of great pain in the lower part of her *Abdomen*; and I found a tumor of a conic form, projecting about an inch beneath the *Umbilicus*; its inflammation, with tension, and a feverishness attending it, so plainly indicated suppuratives, that I was not surprized to hear, in a few days, that it had broke as I wished. I proposed to lay it open, both to give a free emission, and prevent its becoming fistulous; but she was apprehensive, that I would, as she called it, cut open her belly: so that not being able to prevail with her, I ordered her a pot of unguent and some plaisters. The ulcer soon grew fistulous, and so continued till she died, which was on the 23d of *April* 1723, in the 41st year of her age.

For above five months before her death, she voided her excrements by this vent; and all the soft parts of the *Fetus*, with some small bones of its fingers. But the rest of the skeleton remaining entire, I took it out of her body, together with the *Vagina*, *Uterus*, *Rectum*, &c. wherein it had involved itself, as may be seen more particularly in the figure annexed.

A *For-*

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A *Fœtus* formed in the *Ovarium*, by M. de S. Maurice, *Phil. Transf.* No. 150, p. 285.

A woman, after being safely delivered of eight children, and continuing five years afterwards without having any more, about three months before her death, suspected herself to be fallen into that condition again; because she never before failed of being very regular, and had not found herself so for more than a month. After this, she had a little show, which scarce left off wholly, during the last two months of her life, and which she past, nevertheless, without much trouble; so that she thought herself to be secure, as to the point of her being with child. But *April* 22, 1682, after she was up in the morning in very good health, she fell into faintings, had violent pain like a cholic, in the region of the right groin, which terminated at the reins, a little after eight in the evening, she felt all the *Preludia* of an imminent travail; she called her surgeon and died in his arms, saying, "I am delivering, I am delivering;" there appearing outwardly neither distillation nor flooding, nor any mark of this disorder.

On opening the integuments of the belly, all the entrails of the *epigastric* region were seen floating in blood, which was taken out
with

with a spoon, to the quantity of two pounds. To avoid changing the situation of the parts, a large quantity, which was coagulated, still remained in the right flank, and in trying to take this out with the hand, a little *Fætus* was found in the first clots, about the bigness of a man's thumb, and a third less in length, all very distinctly formed, and in which was manifestly discovered the sex of a boy, but naked and without covering. The right cornu of the womb was found near this place; the testicle or ovary, was torn long ways, and through the middle on the side, that it did not touch the *Tuba*. This testicle was near the bigness of a hen's egg, and seemed to be the place where the *Fætus* was contained, and which had burst through the same, for the left testicle was no bigger than a little cheinut: the tube was not dilated, neither was there any rent of the *Uterus*, which appeared to be in its natural state, and was, as *Dr. Harvey* had described it, in the first month of pregnancy; but when it was opened, he found not the least sign of conception; the vessels of the interior membrane seemed full of blood, and varicous, which might be the cause of that little show of blood, as before mentioned.

He remarks, that although authors speak of *Fætuſes* found in the tubes and belly, he does

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does not know of any that mention their being in the testicle or ovarium, as this seems to have been.

In the *Phil. Trans.* No. 367, p. 126. a *Fœtus* that continued, 46 years in the mother's body, communicated by Dr. *Steigertbal*.

Anna Muleen, of the village of *Leinzelle*, near *Gemund* in *Suabia*, of a dry and lean constitution, but otherwise healthful and robust, died at the age of ninety-four, after she had lived a widow forty years. Forty-six years before her death, she declared herself to be with child, and had all the usual tokens of pregnancy. At the end of reckoning the waters came away, and she was taken with the pains of labour, which continued upon her about seven weeks, and then went off, upon the use of some medicines given her by a surgeon. Some time after this, she recovered her perfect health, except only, that her belly continued swelled, and that now and then, upon any exercise, she felt a little pain in the lower part of it. She was after this twice brought to bed; the first time of a son, who is now a huntsman at *Bischoffsbien*, and afterwards a daughter, who is married to a soldier. But notwithstanding this, she was firmly persuaded, that she was not yet delivered of what she first went with, and desired
Dr.

Dr. *Whonlize* the physician of *Gemund*, and one *Knaussen* a surgeon of *Heubach*, to open her body after her death. Accordingly, after her death, which happened on the 11th of *March*, 1720, after four days illness, her body was opened by the surgeon, the physician afore-mentioned being dead. He found within her a hard mass of the form and size of a large nine-pin bowl, but had not the precaution to observe, whether it lay in the *Uterus* or without it, and for want of better instruments broke it open with the blow of a hatchet. This ball and the contents of it are explained in the figures of the *Transactions*; and according to the description and appearance, seems to have been so strongly pressed, that the parts were consolidated to one another, and the integuments in a manner ossified. The nose was turned up and flattened, and the eye closed; but the ear, the arms, of which the right is the largest, and the two joints of the thumb, &c. are plainly distinguishable.

An account of a child taken out of the *Abdomen*, after having lain there upwards of sixteen years, during which time, the woman had four children, all born alive. By *Starkey Middleton*, D. M.

GENTLEMEN,

The records of your society furnish us with several cases of extra-uterine conceptions, one

of which I communicated to you, *March* 28, 1745. Nevertheless, I could not help flattering myself, that this case also might be worthy your notice.—In *April* 1731, Mrs. *Ball* without *Bishopsgate*, perceived by the usual symptoms that she was pregnant; and, in *October* following, being then in the sixth month of her pregnancy, she had a child died in her lap of convulsions; the surprize of which caused a great fluttering within her, attended with a sensible motion of the child, which motion continued, though gradually weaker and weaker, for about six or seven days, after which, she did not perceive it move any more; but from this time she had constant pains attending her, which appeared like labour pains. Her midwife for several days expected a miscarriage; but finding herself disappointed, advised her to apply to Dr. *Bamber*, whose known abilities in the several branches of physic, joined to his great experience and judgment in midwifery, made him unquestionably the most proper person to be consulted, as the case appeared so very uncommon in its circumstances; at the same time, that his great humanity always gave the most free access to the poor in their distresses. The doctor, after a proper examination, finding sufficient indications of a dead child, ordered her some forcing medicines; upon

upon taking which about three times, she discharged something, which the woman supposed to be part of the after-birth, accompanied with a small quantity of water. In consequence of this discharge, her pains ceased, but without any diminution of her belly. After some time, she again applied herself to the doctor, who thought it most adviseable to discontinue her medicines, and leave the affair entirely to nature. In this state she continued for about twenty months, viz. to *July 1733*, which was two years and two months from her first reckoning; she then again applied to Dr. *Bamber*, acquainting him, that she was not yet delivered of the child she so long since came to consult him about, and that her pains were lately returned, and daily increased without any intermission. Upon the doctor's examining her, he thought it proper to send her home immediately, directing her to promote her pain, by frequently supping some warm caudle, &c. by the use of which, her pains became more regular; and the next day the doctor made her a visit, and was informed she had discharged two waters, but nothing more: he then carefully examined her again, and plainly felt a child through the integuments of the *Abdomen*, but could not give her any assistance.

It was about this time Dr. *Bamber* first acquainted me with the case, desiring me to attend her as often as occasion might require; and that I would acquaint him, if any thing like labour, or other remarkable alteration, should offer. Accordingly, I made her a visit, and after a proper examination, was convinced of the certainty of the doctor's assertion. Her pains now began to abate, and she grew tolerably easy; but about the latter end of *January*, 1733-4, she conceived again with child, and was delivered the 28th of *October* following by Dr. *Bamber*, who sent for me to attend her in her labour: the Doctor soon delivered her of a fine boy, and after having brought away the *Placenta*, he searched for the other child, which he had before felt through the integuments of the *Abdomen*, but found it lodged in the cavity of the *Abdomen*, and beyond the reach of human art to relieve her. This fact every one then present was made sensible of.

October 22, 1735, I was sent for to her in her labour; but before my arrival, she was delivered of a boy; however I brought away the *Placenta*, which gave me an opportunity of examining for the other child, and found it in the same situation as formerly.

October 9, 1738, I was again sent for to her, when in labour, but she was delivered
of

of a boy before I arrived. Upon examining the womb, and the state of the *Abdomen*, the child appeared just as before, without any alteration.

June 17, 1741, I was again sent for in her labour, but found her just delivered of a girl; and, upon examining the parts, every thing appeared as before.

Oct. 14, 1747, Being greatly emaciated by constant pains, &c. she was admitted a patient in *Guy's Hospital*, where she died the 7th of *November* following, after having laboured under the distresses and uneasiness of carrying a dead child within her, in a manner loose in the *Abdomen*, upwards of sixteen years. The day after her death, I opened her in the presence of doctors *Nesbit*, *Nicholls*, and *Laurence*, when the *Uterus*, and the several other contents of the *Abdomen*, appeared nearly in their natural state; but on the right side, within the *Os Ilium*, a child presented itself, which was attached to the *Ilium* and neighbouring membranes, by a portion of the *Peritoneum*, in which the *Fimbria* and part of the right *Fallopian Tube* seemed to lose itself. The child seemed no ways putrid; but the integuments were become so callous, and changed from their natural state, that the whole seemed to resemble a cartilaginous mass, without form or distinction; the legs, indeed, were

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distinguishable, though they were much wasted and distorted. Upon opening the callous integuments of the head and face of the child, the bones appeared perfectly formed, with a few spots of tophous concretions on them. This account may serve to convince those who are of opinion, that boys are conceived on the right side, and girls on the left, as this woman had three boys and one girl after the *Fallopian Tube* on the right side had lost its action.

Yours,

S. MIDDLETON.

In the memoirs of the *Academy of Sciences* at *Paris*, M. 1702. p. 334, &c. we read of a *Fætus* extracted by the *Anus*; and in H. 1722, p. 20, of one found in the *Fallopian Tube*. The *German Ephemerides*, an. prim. L. III. *Observ.* 110. mentions a *Fætus* lying betwixt the *Uterus* and *Rectum*: and Tom. III. *Observat.* 11. describes another found in the *Abdomen* of a woman, where it had lain above sixteen years.

In the *Med. Essays* of *Edinburgh*, Vol. V. *Art.* 38. is the history of one child extracted by an opening in the *Abdomen*, and part of another passed by stool; by Dr. *Gabriel King*, physician at *Armagh*, *Ireland*.

C O L.

COLLECTION VI.

Of SUPERFOETATION, or what was formerly supposed to be so. *Vide* Vol. I. Lib. I. Ch. 3. Sect. 6.

CASE I.

In the year 1728, I was called to a woman in the country, who was seized with a violent flooding in the fourth month of her pregnancy, and before I reached her house, which was about four miles distant from the place of my habitation, she had miscarried of a small *Fætus* and the *Secundines*. The discharge was abated; yet as she had been before delivered of twins, at three different times, I examined the *Vagina*, and found the *Os internum* so much contracted, that I could hardly introduce the top of my finger. The neck of the womb seemed to be about half an inch long; and above that, I felt a pretty large stretching of the *Uterus* on the sides and anterior part. As she had rested little the preceding night, I prescribed a paregoric mixture, with thirty drops of *liquid Laudanum*, two spoonfuls of which she took every two hours, until some slight pains, that still remained, were removed, and she fell asleep. In two days she was perfectly easy, and in about three months after this period, her

husband brought her to my house, where she told me she had been irregular in the discharge of the *Menses*, since her miscarriage, and was grown very big; a circumstance she imputed to a dropfy, or rather a tympany: for she found frequent motions from wind. By examining the *Abdomen* and *Vagina*, I plainly perceived she was in the eighth month of pregnancy, and assured her, the wind she felt was no other than the motion of a child; observing that she had probably conceived two children as formerly, and though she had miscarried of one, the other had remained, and would continue to the full time. My prognostic was verified in about nine weeks, when she was delivered of a full grown female child.

C A S E II.

About three years after this transaction, my assistance was demanded to a woman, who, in the sixth month of her pregnancy, was also taken with a flooding, though small in quantity, which continued ten days before I was called; some water was likewise discharged without pain, and yielded a mortified smell. I understood, that the day before I was consulted, she had felt some slight pains, and a few small bones had been discharged from the *Vagina*; and these, upon examination, proved to be the bones of the legs and arms

arms belonging to a *Fœtus*. I could scarce introduce the tip of my finger into the *Os internum*, though the neck seemed larger than usual, and above, that the *Uterus* was pretty large. The cloths that were moistened with a ferous discharge, exhibited a brownish colour, and had a putrid smell. The woman was much alarmed, her spirits were sunk, she had for some time enjoyed little or no rest, and was costive. I ordered an aperient glyster to be immediately injected, after the operation of which, I directed her to take ten grains of the *Pil. Matth.* and next day four spoonfuls of the following mixture, every six hours.

R *Aq. Puleg.* ℥vi *Bryon. Comp.* ℥i. *Tinct. Castor. gut.* c. *Spt. C. C. gut.* lx. *Syr. Caryoph.* ℥i. *M.*

I likewise directed the glyster to be repeated every afternoon, and the pills every night, if there should be occasion, and found her perfectly easy and free from all complaints, and was told she had the preceding night discharged the rest of the bones and *Secundines* of a child. I insisted upon her keeping her chamber and bed for some days, and prescribed a cordial mixture, with some doses of *Sperma Ceti*, at the request of her female acquaintance.

About two months after this disorder, I received another call, when she told me her stomach was puffed up with wind, that she
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was taken with a violent cholic, and had been three days without passage in her belly. When I felt the *Abdomen*, as she was a thin woman, I could plainly perceive a stretching in the *Uterus*, extending above the navel; and upon examining by the touch, in the *Vagina*, felt the *Os internum* largely opened, the membranes with the waters pushed down, and through these, the arms, shoulder, and navel-string of the *Fætus*. She was agreeably surprized, when I told her she was in labour of a child, though in the seventh or eighth month; then being put to bed, and the female friends assembled, she was, to her great joy, delivered of a live male child, which, though small, was reared by sucking another woman at first, and afterwards the mother, who had formerly lost two children.

C A S E III.

Communicated by Mr. CAMPBELL, in a letter, dated from *Poole*, April 25, 1750.

S I R,

The following being a very uncommon case, I am willing to communicate the same, to have your sentiments on the subject.

A woman in this neighbourhood was delivered of her first child, and the delivery followed by severe after-pains; and five days after, she miscarried of a *Fætus*, which could be

be no more than four or five months in growth. There was no sign of putrefaction about it, though it was still-born; there was no hair, nor other sign of its being longer conceived. How to reconcile this with the present doctrine of conception, will, I believe, be found difficult. I should be glad, if at the same time, you would be pleased to acquaint me how to distinguish betwixt an obstruction, and the total disappearance of the *Menses* in women.

My answer was to this effect.

SIR,

What you have writ me, seems to favour the notion of superfœtation, more than any thing I have met with in practice. But there are instances of extra-uterine *Fætuses*, which have lain whole years in the *Abdomen* without being putrefied. However, we see from time to time things happen, that we cannot account for, and these destroy all our fine theories.

The *Menses* commonly disappear in women between the age of forty-five and fifty: sometimes they leave them sooner, if the woman chances to grow fat, if the *Catamenia* appeared early in life, or if she hath bore many children: but, whether the disorder proceeds from obstructions, or the total disappearance of

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of the *Menses*, the intention of cure in both cases is, to repeat venæsection and gentle purgatives.

Schenckius, Lib. IV. *De Superfætatione*, p. 617. has collected several observations of superfætations.

Others, of late, to prove the possibility of such things, have advanced an attested case from *America*, of a black woman, who, by conversing with her husband, of her own complexion, and immediately after with a white overseer, was delivered of twins, one a mulatta, and the other a black child: also another, of a woman of *Charles-Town, South-Carolina*, about the year 1714, and mentioned by Dr. *Parsons*, in a lecture read before the *Royal Society of London*, October 1745, who was brought to bed of twins, one a mulatta, and the other a white child. She confessed, that immediately after her husband had left her, a negro servant came to her, and forced her to comply with his desires, by threatening her life if she refused.

In the memoirs of the *Academy of Sciences* at *Paris*, H. 1702. p. 30, &c. we read of the delivery of a boy, in whose *Placenta* was found a sort of bladder, which contained a female *Fætus*, reckoned to be four or five months. And H. 1729. p. 12. of two children delivered at a day's distance, one aged forty days, the other at the full time.

Ruyfch.

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Ruyfch. in *Tom. I. Observ.* 14. gives an account of a surgeon's wife at *Amsterdam*, in 1686, who was delivered of a strong live child, and in six hours after, of a small embryo, the *Funis* of which was full of *Hydatides*, and the *Placenta* as large and thick, as in one of three months. He exhibits a figure of this phænomenon.

Mauriceau, in the first of his additional Observations at the end of the book, mentions his having seen a young woman, who had been delivered at the usual time of twins, one of which was alive and of the ordinary size, the other was dead, and seemed to be only of three or four months. He accounts for this circumstance, by supposing the death of the child at the term of four months, but that its waters remained uncorrupted, from the air not being admitted, &c.

COLLECTION VII.

Of women who exceed the common term of Gestation. *Vide* Vol. I. Lib. Ch. 3. Sect. 7.

CASE I.

I was bespoke in the year 1743, to lay a young woman of her first child. She was taller than the middle size, and had been healthy from her infancy. She was married in *September*, about a week after the menstrual discharge, which, not returning at the stated time, she was seized with the usual complaints of sickness and reaching, which her mother supposed to be certain signs of pregnancy; and though she reckoned only to the beginning of *June*, she was not delivered till the end of *August*. Before marriage, the *Menses* had flowed regularly every four weeks, and though she, perhaps, did not conceive immediately after wedlock, it was reasonable to suppose, she actually exceeded the usual term of gestation, by four or five weeks at least. Her labour was very tedious, though the *Pelvis* was of a large size; but the child was very lusty, and the head squeezed into a longitudinal form. Two years after, I delivered her of a second child, which was also very large; yet the labour was short, and happened according to the common time of reckoning :

reckoning: nor was the head of this last squeezed into a longish form, like that of the first, which was indeed the largest child I ever brought into the world.

C A S E II.

In the year 1735, I was called by a midwife to a woman in childbed, and found the breech of the *Fætus* presenting at the brim of the *Pelvis*, where it stuck for some time, without advancing, although the mother had been long in labour, and the membranes had been broken eighteen hours before I came. I with great difficulty pushed up the breach, and brought down the legs; and, after much fatigue, delivered her of a live child. According to this woman's reckoning, she had exceeded the usual time of gestation by eight weeks; for she affirmed, and her mother confirmed the assertion, that she had but one discharge of the *Menses* after she was married, and in the middle of the month was seized with the common symptoms of pregnancy, from which they concluded she had conceived soon after the evacuation.

I have selected these two cases, from a great number of less certainty, to shew, that women may, probably, go with child beyond the nine months: though this is a circumstance that rarely happens. Indeed, I have known

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known many women exceed that period by their own reckoning; but I have generally supposed, they committed some error in keeping the account.

Vide *Lamotte*, Liv. 1. ch. 27. and 28. where we read of women, who have been delivered a considerable time before and after the time of reckoning. I myself very often find my patients go two or three weeks beyond the nine months, reckoning from the last discharge of the *Menses*.

COLLECTION VIII.

Of what is commonly called the false conception, *Moles*, and *Hydatides*.

NUMB. I. CASE I.

OF FALSE CONCEPTION.

Being called to a gentlewoman in the year 1722, I was told by the women who were about her, that she had miscarried of a false conception in the third month; and that the same misfortune had happened to her several times before this accident. The midwife pretended that these false conceptions proceeded from a foulness of the *Uterus*, and had prescribed, from time to time, decoctions of *Sabine*, *Artemisia*, and other herbs, to be taken by the mouth, and injected by the *Vagina*.

This being the first case of the kind, which I had seen, I carefully examined the substance, which was bigger than a goose egg, and found it no other than a coagulum of blood, of which she had lost a large quantity, formed round the *Secundines*, by the pressure of the *Vagina*, where it had lain for many days. I plainly discovered the cavity which had contained the embryo, and assured them it was a real conception, though the embryo had been forced through the membranes and lost.

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Since that time, I have been concerned in a great number of cases of the same kind; sometimes, I have found the embryo partly dissolved, and sometimes perfect, commonly of the size and figure of a small horse-bean, when the miscarriage happened in the ninth or tenth week of pregnancy; but when no embryo was found, it was always termed a false conception by the good women.

When the membranes broke before the *Secundines* were discharged, I have known the embryo pass off unobserved with the coagula of blood, and be lost among the clothes; and at other times, when the membranes were not broke, I have found it dissolved in the waters.

In one case where I was concerned, the *Chorion* had broke, and the *Amnios* was discharged whole, with the embryo swimming in about ten times its own bulk of water, as clear as crystal. Though it was not bigger than a small bean, I could distinguish the legs and arms pretty well formed: but as I had not leisure to immerse it in spirits immediately, it lay in a cup for the space of twelve hours, at the expiration of which, I found the waters muddy; and when I opened the *Amnios*, in order to evacuate the corrupted fluid, and supply its place with spirits for the preservation of the embryo, I perceived the legs, arms, and greatest part of the body, were quite dissolved.

CASE

C A S E II.

In the year 1723, I attended a patient, who miscarried in the fifth month, the *Fœtus* and membranes having been discharged together. About five days after the miscarriage, I was called to examine a substance, which had been passed with a great deal of pain, and which the midwife termed a real false conception. This was about the size of a hen egg, surrounded with what appeared to be a strong thick membrane, which when I opened, I perceived the whole was no other than a coagulum of blood, which had been strongly pressed in the *Uterus* or *Vagina*, so that the serous part having been squeezed out, the surface, in consequence of the pressure, had assumed the form and appearance of a membrane. I have seen a great number of such substances, which have been always mistaken for false conceptions, by midwives, nurses, and even gentlemen of the profession. Indeed, I myself had at first a confused notion of these things, until I understood that coagula of blood would assume such appearance from pressure in any cavity. These I have seen discharged, both before and after miscarriages and deliveries, at all times of pregnancy, though generally in the first five months, and more frequently in the third than in a more advanced state of uterine gestation.

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NUMB. II. CASE I.

Of MOLAS.

In the month of *December* 1742, a widow gentlewoman, about the age of fifty, was suddenly seized with violent pains, like those of labour, and a discharge of blood from the *Uterus*. Two years had elapsed since her *Menses* disappeared; but having received a fall down stairs, she had, from the time of that accident, been subject to pains in the lower part of the *Abdomen* and back, with a slow draining of blood from the *Uterus*. These complaints continued six months before she was taken with the violent pains, in consequence of which I was called to her assistance. I felt the *Os Internum* a little open, and something presenting, like the edge of a *Placenta*, or a round fleshy substance. She was for several days kept tolerably easy, by taking five or ten grains of *Pil. Matth.* or draughts with *Liquid Laudanum*, from fifteen to thirty drops, repeated occasionally as the pains returned. Laxative and emollient glysters were frequently injected by way of fomentation, as well as to evacuate the intestines. The *Os Internum* was gradually dilated, the discharge and pains suddenly returned, a large oblong flesh-like substance was thrust down into the *Vagina*, and by gently opening the *Os Externum*
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at length extracted, when the pains and flooding abated. This substance being examined, appeared to be nothing else than the fibrous part of the blood, strongly squeezed together, nearly as large as the head of a child, in the sixth or seventh month. A bloody serum continued to drain from the parts, for several days, when the red colour vanished, and it began to yield a strong fœtid smell. She was seized with violent pungent pains in the *Hypogastric* region, the lips of the *Os Internum* swelled, and became unequally indurated, the pains and discharge increased, with all the direful symptoms of a confirmed cancer *in Utero*. Yet no other flesh-like substance was evacuated, though every now and then she was attacked with violent floodings: at length she became hectic, and died in about three months.

[*Wid. Col. IX. No. II. Case III.*]

NUMB. II. CASE II.

Mr. *Watkins*, Surgeon at *Colehill* in *Warwickshire*, in a letter dated *August 24, 1746*, writes to this effect.

Give me leave to trouble you with one case as a confirmation of your doctrine, that the *Mola* is, for the most part, an excrescence of coagulated blood, and not a false production from generation.

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I was called to a married woman full sixty years of age, who flooded profusely, in consequence of a falling down of the womb, as I was informed by the midwives, for she was attended by two who had attempted the reduction. Finding an imperforated substance presenting, I concluded it was not the *Uterus*: then placing her in a proper posture, I introduced my hand and delivered her of a muscular, or rather tendinous-like substance, as big as a large calf's heart, exactly resembling the auricles, and conical point, which had presented at different times, for seven years last past, with vast flooding and excruciating pains. The loss of blood was now excessive, but by the help of incraffating medicines and acids, she is happily recovered and hearty.

Vid. *Bonetus Sepulchret.* Lib. III. Sect. 37. *Ruyfch.* Tom. I. *Observ.* 28, and 29. *Forestus de Morbis Mulierum,* Lib. XXVIII. *Hildanus Centur.* 2. *Observat.* 25.

NUMB. III. CASE I.

HYDATIDES discharged from the UTERUS.

In the year 1752, one of my pupils attended a poor woman, who, in the fourth month of her pregnancy, was taken with a violent flooding, which was restrained by opiates; but, in three days, returned with greater violence,

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lence, accompanied with strong pains and frequent straining, like a *Tenefmus*. At length she discharged a pot full of coagulated blood and *Hydatides*, adhering to a membranous substance, or to one another, like a bunch of grapes of different sizes, from the bigness of a nutmeg to the smallness of hempseed. The patient was reduced to such a degree, that we thought she could not possibly live; nevertheless, she gradually recovered, contrary to our expectation.

C A S E II.

Communicated by Mr. *Crawford* of *London*,
in the year 1753.

I was called to a woman about the age of twenty-seven, who thought herself seven months gone with child. When I entered the room, she stood leaning on the back of a chair, with an earthen pot betwixt her legs: she had voided near a pint and an half of blood into this receiver, before I came, and at times evacuated the same quantity for near three months. Her flooding was then much abated; but she was very weak and low, though almost entirely free from pain. When I examined the *Matrix*, I found the *Os Tinae* open to scarce the breadth of half a crown, but nothing like the appearance of a child. Though her flooding was now but small, in

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consideration of her having enjoyed no rest for three nights before, she was, by my direction, put to bed, and took a composing draught, which made her sleep about two hours; but she waked with seemingly strong pains. I examined her again, and in introducing my fore and middle fingers into the *Vagina*, felt something which I mistook for clotted blood. It filled both my hands when I brought it away, and appeared to be a large bundle of *Hydatides* connected one with another by an infinite number of small, slender filaments. These bladders contained a clear lymph, and were of different sizes, some as large as my thumb, and others as small as a pin's head; and her pains continuing, she evacuated as many as filled a two quart basin: thus delivered, she was freed from her pains, her flooding ceased, and the womb contracted to the size of my fist. Nevertheless, she was still strongly possessed with the notion that there was a child remaining, and earnestly begged that I would bring it into the world. I assured her, that she was already delivered of what she had mistaken for a child, and having prescribed what was necessary, left her very well satisfied and composed. Next day I found her easy; she continued to do very well, and at the writing of this case, was in the fifth or sixth month of pregnancy.

N. B. She

N. B. She had been delivered of two children, before she was troubled with the *Hydatides*.

Mr. *Lamotte*, in his *XVIth Observation* gives an account of a woman that imagined herself gone with child above five months, who was delivered of a mole, or something of that nature, as big as two fists, composed of an infinite number of vesicles, tied to one another by membranes, and which held together like a swarm of frogs; after being excessively weakened with a continual loss of blood for eighteen days, which was slight at first, but became very violent before delivery, and stopt immediately after.

In *Observat. XVII.* he gives an account of a woman that imagined herself gone seven or eight months, who passed a great quantity of waters, which, he thinks, was a real drop-
sy of the *Uterus*.

In *Observation XVIII.* he gives a case where the *Abdomen* increased to a great bigness, to the eighth or ninth month; and, although the woman had her *Menses*, she imagined she was so long gone with child, having missed one period at the beginning of her reckoning; but instead of being delivered of a child, she, for several days together, passed an incredible quantity of wind, making the same noise as
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when it vents itself at the *Anus*, but involuntarily. *Vid.* Ruysch, *Tom.* I. *Observ.* 28.

In *Phil. Transf.* No. 309. p. 2387. there is a paper by Mr. *J. Young*, giving an account of balls of hair, with bones in the middle, some like teeth, others resembling the mandible, with a few sockets and teeth in them, contained in different parts of the *Uterus* and *Ovaria*, &c.

There are also accounts of the same kind, by Dr. *Edward Tyson*, No. 2. p. 11. and by Dr. *Sampson*, No. 2. p. 49.

COLLECTION IX.

Of Polypus, Schirrosity and Cancer in the
UTERUS and VAGINA. *Vide* Vol. I. Lib. I.
Ch. III. Sect. 9.

NUMB. I. CASE I.

Of the POLYPUS.

A woman turned of thirty, who never had bore children, consulted me in the year 1726, about a very extraordinary distemper. One of the sebaceous glands, on the right side of the *Os externum*, and close to the *Carnuncula Myrtiformes*, had insensibly increased and swelled to such a degree, that I found it as large as a middling pear, hanging from the part by a long neck as thick as my little finger, and about half a yard long, so that the tumour reached down to her knees. I perceived the lower end, which was the largest, excoriated, and appearing like an *Herpes* though she felt no pain; and from this part, a small quantity of blood was discharged, during every menstrual evacuation. A ligature being applied to the neck of the tumor, close to its origin, it was amputated, and the wound cured without any difficulty.

CASE

C A S E II.

In the year 1742, a midwife being called to a woman in labour, about the age of twenty-six, felt not only the child's head pushing down through the *Os internum* into the *Vagina*, but, at the same time, another large, firm, round substance at the side of the head, protruding in the same manner. A male practitioner being consulted, could not discover the nature of this tumor, and left the patient, telling her it was surgeon's work. Nevertheless, the head was, with great difficulty, forced beyond the swelling, and the child delivered, though the midwife was unjustly accused by the neighbours, of having pulled down the *Uterus*. Some months after her delivery, the tumor inflamed, and matter being formed below its surface, was discharged to such a quantity, as emaciated and enfeebled the patient. A gentleman being called to her assistance, desired my advice; but when we consulted together, no right judgment could be formed, because the tumor filled up the whole *Vagina*, and the *Os internum* could not be felt. We recommended a milk diet, and some time after the consultation, we were called again, when we found the swelling forced down without the external parts, and could plainly feel the *Os internum*, to the side of

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which

which the tumor adhered by a very short neck, about an inch thick, and of a livid colour towards the lower part. The *Os internum* was pulled down, in such a manner, that the lips were perceivable, together with the upper part of the tumor, which had not as yet changed colour. Round this, a firm ligature being made, the tumor was amputated, when we found the lower parts of its neck already livid. Before this separation the patient had been tormented with violent pains, from the pulling down of the *Uterus*, and the straining of the ligaments; and, at the time of the operation, was very much exhausted; so that she died in two or three days after the excision.

The body being opened, the under side of the *Uterus* was found mortified, and the right side adhering to the neighbouring parts, by which the *Ovarium* and *Fallopian Tube* of that side were covered and concealed. The tumor being cut open, appeared to be a solid, firm, glandular substance.

C A S E III.

Communicated in a letter from Mr. *Holyoake*,
dated Jan. 29, 1750.

The child presented with the back, and was extracted footling; and after delivery,
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the *Placenta* came away with little or no assistance: but the *Uterus* still continuing remarkably large, Mr. *Holyoake* suspected that there was contained in it, a great quantity of coagulated blood, or another child. He accordingly introduced his hand into the womb, and felt a large fleshy substance, adhering to the left side of the *Fundus*, with small excrescences hanging from it like teats. At first, he was afraid of extracting it, lest it should be followed by a mortal hæmorrhage; but considering that a dangerous flooding might ensue from the *Uterus* being kept thus distended, he resolved to separate this substance, which did not come away without considerable force, and weighed near two pounds, being of the texture of a *Polypus*.

As he desired my opinion of this affair, I observed in my answer, that glandular excrescences or *Polypuses* are commonly attached by vessels, and could not have been separated with the fingers: the *Placenta*, when left, and long retained in the *Uterus*, is compressed into a schirrous hardness; that the nature of *Molas* is not yet ascertained; and though, sometimes, unaccountable appearances occur, this substance seems to have been a large coagulum, which had acquired such firmness by pressure, in a flooding which might have happened before he arrived.

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I myself had extracted as large coagula after delivery, though of a looser texture; but those formed in repeated floodings, before delivery, are more solid, and assume the appearance of a fleshy substance.

C A S E IV.

In the year 1753, I was called to a woman by Mr. *Pinkstane*, who informed me, that she had been much weakened with large discharges from the *Uterus*, at first sanguineous, and afterwards of a brownish colour, and fœtid smell: on examining in the *Vagina*, I felt the *Uterus* largely stretched with little or no neck, and a little above the *Pubis*, the *Abdomen* felt like one in the sixth month of pregnancy. The *Os Uteri* was thin, and so much open, as to receive the end of my finger; and I found a small substance like a *Polypus* lying loose within it. Two days after, being again called, the above gentleman told me, that the woman had something like pains; that the *Os Uteri* was more open, and he could feel the substance adhering to the *Uterus* by a small neck. This was really the case; but when he pressed on the *Abdomen* to keep down the *Uterus*, I felt a contraction higher, as if the neck of the *Polypus* adhered to another round, hard substance, much larger and higher in the *Uterus*. In two or three days

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more,

more, I was again called, and informed, he had hooked down the *Polypus* with his finger, through the *Os Uteri*, into the *Vagina*. I then found it more sensible, adhering to a larger substance; yet at no time did I perceive any discharge on my finger. She was aged thirty-eight years, had been married about a year; and although regular in the menstrual discharge, her bigness gave some suspicion that she might be with child. She had been taken with frequent sicknesses and reachings; which, about six weeks before I was called, had encreased, and she was every now and then attacked with violent pains; then followed the large discharges, which weakened her so much, as frequently to throw her into dangerous faintings. Every thing necessary was ordered, as to diet and medicine, to support and keep up her strength; but the discharge was so great, that she at last sunk under it and died. When the *Abdomen* was opened, a large quantity of brownish, foetid fluid was discharged, and a tumor appeared at the lower part, larger than a child's head, which we took first for the *Uterus*; and from which we, with great difficulty, separated the *Peritonæum*, *Omentum* and *Intestines*; all these adhering so firmly to one another, that we could scarce distinguish, and separate them, without tearing the parts. Finding

we could not be informed properly, as the *Uterus* lay in the *Abdomen*, all was carefully dissected; and, when taken out, we found this large tumor was not the womb. We then endeavoured to find the *Ovaria*, and *Fallopian Tubes*, but all the neighbouring parts adhered all round so strongly, that there was no such thing to be discovered. Having dilated the fore-part of the *Vagina*, we discovered the little *Polypus* lying in it, about the bigness of a kidney-bean, with a slender neck about an inch long; and, opening the *Os Uteri*, we perceived a little cavity in the neck, that had been stretched by the *Polypus*, which it contained. Tracing farther, we found the cavity of the *Fundus Uteri*, to our great surprise, no larger than in an unimpregnated state, and the neck of the *Polypus* adhering, as we thought, to a round hard tumor, that was contained in the substance of the *Uterus*, on the left side of the neck. This being dissected out, seemed to be one of the glands increased to the size of a small pullet's egg, covered with the internal membrane of the *Uterus*, and the *Polypus* adhered only to the inside membrane, and not to the gland. It was also covered by the *Peritonæum* on the left side, and when cut open, was of a whitish solid substance. The *Polypus*, when cut, was softer, and, in colour and consistence, like a

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kidney. We then examined the large tumor at first taken for the *Uterus*, which was of a livid colour, and full of the same foetid brownish fluid, that was found in the *Abdomen*. We observed a small opening at the back part, by which this had been gradually discharged into the *Abdomen*, and another opening lower down through the *Rectum*, which was livid. This circumstance shewed, that the fluid trickled from the tumor into the *Abdomen*, and from thence through the *Rectum* and *Fundament*; and not from the *Uterus* through the *Vagina*, as had been imagined. This tumor appeared to proceed from the *Fundus Uteri*, and, in examining more narrowly the substance of the *Uterus*, which was white, solid, and a little thicker than common, we found another gland near as big as the first, and a little above, on the left side of the *Fundus*, and contained also in the substance of the *Uterus*; but when we cut open this gland, it was grown livid on the inside. We then concluded, that it was more than probable, the large tumor was originally one of these glands, that had increased gradually as the others; that it had turned cancerous on the inside, and had been gradually stretched more and more, with the cancerous fluid, that had burst through; and was discharged, as was before observed. The inside of the tumor

was full of little hard knots, of the bigness of hempseed, and the coats about one eighth of an inch thick. The pain was much of the same kind as a burning heat, and tearing, attended with a hectic fever, syncope, a low, quick, and sometimes an intermitting pulse. These symptoms, before I examined the *Os Uteri*, made me imagine, there was a cancer in the *Uterus*; but finding the *Os Uteri* soft, and not scirrhus, and in large hard bumps, as in other cases, when cancerous, I was at a loss what judgment to form; though I imagined, it was more probably a gland, or *Polypus*, increased to a large size in the *Uterus*, and turned cancerous, and that the small *Polypus* was an appendix from that; and, as she had something, every now and then, like labour-pains, the large *Polypus*, if it adhered to the *Uterus* with a small neck, might be at last forced down into the *Uterus*, and taken off by a ligature.

C A S E V.

Communicated by Dr. Harvie.

Dec. 1757. A woman who had bore several children, and was of a delicate constitution; about the age of forty-five, began to be irregular as to the *Catamenia*. Sometimes she had frequent returns, and at other times at an interval of two or three months, and

generally much in quantity; always attended with more or less pain. She continued in this way for two years, when she was seized with violent throbbing pains above the left groin, and had no rest unless she took an opiate. A large quantity of serous foetid matter began to be discharged from the *Vagina*, which by degrees brought her very low. She had consulted several physicians, but found no relief; at length I was sent for to inform her physicians of the state of the *Uterus*. Upon examining, I found all the back part of the *Vagina* filled up with a large, hard substance, the *Os Uteri* more forward than common, with large, hard, and ragged lips; from which the doctor and I agreed, that the *Uterus* was scirrhus and cancerous. She now also had great pain above the left groin, which we supposed to proceed from the *Ovaria* and *Ligaments* being also affected. She made water with great difficulty, and never went to stool unless by the force of medicines. She had now no intermission of pain but by *Opium*, which at last was increased to thirty grains in twenty-four hours. For several months before death she continued in this deplorable situation. I was afterwards desired to open the body, and found a considerable quantity of thin ichorous matter of a very offensive smell floating amongst the *Intestines*:

tines: The *Peritonæum*, the external coat of the *Intestines* was eroded every where, as far as the matter had insinuated, and the *Intestines* every where adhering. At first I was at a loss to know from whence this matter came, or indeed to distinguish one part from another: But upon careful inspection found that the right *Ovarium* was scirrhus, one end of which had formed into a large abscess and broke. The *Uterus* was also scirrhus, and about the bigness of a goose-egg, and pressed so close to the *Pubis* that no part of the bladder could be seen: The inside of the *Uterus*, when opened, was wholly ulcerated. I then looked for the left *Ovarium*, but not finding it in *Situ*, and observing the *Uterus* thrown closer to the *Pubis* than might be expected from its bigness; it came into my mind, that it might have fallen down behind the *Uterus*, which accordingly was the case, the upper end of it laid upon the last *vertebra* of the loins, the bulk of it filling up all the concave part of the *Sacrum*. The length of this *Ovarium* was five inches: in thickness four inches, entirely scirrhus, although it was not attended to in the dissection, yet the great quantity of matter that was discharged from the *Vagina* when the patient was alive, must have been from the imposthumated *Ovarium* corroding and making its way through the parts,

(*Vide Case IV.*) as that did into the *Rectum*, which prevented an ascites in the *Abdomen*.

Bonetus, in his *Sepulchretum*, Lib. III. Sect. 32. *Observ.* 6, 8, &c. gives several instances of sarcomatous and glandular tumors, which were mistaken for the *Uterus*, until the contrary appeared upon dissection.

Saviard, *Observ.* XXXVI. mentions a woman, who imagined herself eleven months gone with child. The *Os internum* being dilated to the bigness of a crown, they endeavoured to extract the extraneous body, but unsuccessfully. Since her imagining herself with child, she had every month a very considerable discharge of blood, which weakened her so much, that she died. On opening her body, there was found adhering to the *Fundus Uteri*, a fleshy mass of the bigness of an ox's heart, covered with a membrane, which seemed a continuation of that of the *Uterus*, to which it adhered by a longish neck, smaller than the tumor. There was a considerable cavity found in it, that extended from its base to its point, into which the veins emptied themselves, and from whence the monthly hæmorrhage flowed. The substance of it was glandular and scirrhus, and its point gangrenous from the violence in the extraction.

Vide

Vide *M. Levret's Observations sur la cure radicale de plusieurs Polypes de la Matrice, &c. Paris, 1749.*

In the *Philosoph. Transact.* No. 481. p. 285. is a letter from *Peter Templeman, M. D.* to *William Battie, M. D.* Fellow of the Royal College of Physicians, *London*, and F. R. S. concerning a *Polypus* at the heart, and a scirrhus tumor in the *Uterus*.

NUMB. II. CASE I.

Of the SCIRRHUS and CANCER in the UTERUS and VAGINA.

In the year 1722, I assisted in opening the body of a woman turned of seventy, who for a long time before she died, had been very big in the *Abdomen*, and subject to reachings and cholic pains: the first disorder was supposed to proceed from water contained in cistuses, and the other complaints from a distemperature in the spleen or kidneys.

The adipose membrane and *Omentum* were of an extraordinary thickness. The *Uterus* was almost as big as a child's head, and seemed very solid to the touch: when laid open, we could not perceive the least appearance of a cavity, which, in all probability, was filled up by the increase and pressure of the glands. The gall-bladder contained about twenty stones of different sizes; while the *Ovaria* were small and shrunk.

C A S E II.

Some time about the year 1734, an old female servant belonging to a lady in the country, died in a very emaciated condition; her belly having been increased to an enormous size. The *Abdomen* had begun to swell soon after the *Catamenia* ceased to flow, and as it increased to a considerable bulk, she was afflicted with a difficulty of breathing in making water, and going to stool. These complaints increased, in proportion to the augmentation of the belly, particularly the difficulty in breathing, which would not allow her to lie in bed, except when supported by pillows: though she was easier when up, especially when suspended by the arm-pits. A great number of deobstruent medicines were administered, as well as hydragogues, for the case was supposed to be dropfical: but every thing proved ineffectual: and when she was opened, we were not a little surprised to find the swelling proceeded entirely from the *Uterus*, which, when taken out, weighed about twelve pounds. It was altogether solid, without any perceivable cavity, of a white colour, and firm glandular consistence, and had pressed upon the intestines in such a manner, that about four inches of the *Ilium* were mortified. The *Ovaria* were likewise much emaciated.

C A S E

CASE III.

When I opened the *Abdomen* of the woman mentioned No. II. Caf. I. of the VIIIth Collection, I found the *Uterus* nearly as large as that described in the first case of this number, but the surface, instead of being smooth, was rendered unequal by large indurations as hard as a cartilage: the *Ovaria* were affected in the same manner, and several scirrhusities appeared upon the *Omentum*. The cavity of the *Uterus* was irregular, in consequence of those indurated swellings, the intersices of which were deeply ulcerated; the *Os Uteri* was large, unequal, and studded with tumors as large as pigeons eggs; and the *Vagina* was full of little ulcers with callous lips.

CASE IV.

I was lately called to a woman about the age of forty-five, who had never bore children: but for ten years had been irregular in the menstrual discharge, and always in great pains before its appearance; she had likewise been afflicted with the *Fluor Albus* in great quantity. I felt a large hard tumor filling up all the back part of the *Vagina*, to which it closely adhered by a large basis; and it was with difficulty I could feel the *Os Uteri* cast forwards towards the *Pubes*, and studded with large indurated swellings, from which she had
been

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been for several months subject to excruciating pains, so as to be obliged to receive a glyster every evening, with an opiate after its operation. She had likewise, from time to time, large evacuations of blood, as well as the other discharge in great quantity, often of a brownish colour and very foetid smell.

I have known a great number of such cases, which commonly begin at the time when the menstrual discharge ceases, being occasioned by different accidents and irregularities; and generally prescribe venæsection once a month, and some gentle laxative once or twice a week, by which means the *Uterus*, though scirrhus, is kept in a state of indolence, without inflammation or degenerating into a confirmed cancer.

N. B. The above patient died since the case was sent to press.

COLLECTION X.

Of complaints proceeding from UTERINE
GESTATION.

NUMB. I. CASE I.

Of NAUSEA, VOMITINGS, and LONGINGS.

[Vide Vol. I. Lib. 2. Chap. 1.]

In the year 1746, I was called to a woman, who having been attacked in the second month of her first pregnancy, with violent reachings and vomitings, was persuaded by some of her acquaintance to take a vomit, which, they supposed, would remove the complaint. She accordingly took twenty-five grains of *Ipecacuanha*, which operated upwards and downwards with such violence, as threw her into convulsions and floodings, and when I came to her assistance, she was extremely low and faint. She immediately swallowed fifteen drops of *Liquid Laudanum* in a tea-cup full of mint-water; and I prescribed the following mixture to be taken occasionally.

R *Tinct. Rosar. rub.* ℥v℥. *Laud. Liquid. gut.* xv.
conf. Fracast. ʒij. *M.*

and between whiles a little burnt claret. The evacuations soon ceased, and she enjoyed tolerable rest that night, but the discharge of the blood returned next morning, and pains coming on, she miscarried the following evening.

CASE

C A S E II.

In about four months after this accident, the same woman became pregnant, and being again attacked with sickness at her stomach and reachings, in the beginning of the second month, I was called to her relief. Finding she had exceeded the usual period of her *Catamenia*, about a week, I ordered eight ounces of blood to be taken from her arm, and she was immediately relieved. In four weeks after this evacuation, the reaching began to return with more violence, the venæsection was repeated, and the complaint abated: she was twice afterwards bled at the interval of four weeks, with the same success, and happily went on to her full time: nevertheless, though these evacuations greatly diminished the complaint, it in a small degree recurred every morning till the middle of the fifth month.

C A S E III.

A woman subject to nervous complaints, was, in the second month of her second pregnancy, attacked with violent reachings, for which she underwent gentle evacuations, and took draughts with the neutral salts, to no purpose. The complaint, however, abated, in consequence of her going into the country, and drinking asses milk for the space of six weeks:

weeks: but when she returned to town, the vomiting recurred with great violence, and she miscarried in the fourth month.

C A S E IV.

In the year 1730, I was called to a woman, who had been suddenly seized with a violent cholic, and frequent straining, like that of a *Tenesmus*. She being costive, I ordered a glyster, which operated several times; but the straining still continuing, I gave her twenty drops of *Liquid Laudanum*, in a little white-wine whey. In the mean time, her sister, in putting her to bed, observed that she had undergone a large discharge of blood, and desired me to examine. I was not a little surprized to find the head of a *Fœtus* forced down in the *Vagina*; however, I helped it along, and the *Placenta* followed. This might be in the fifth month of pregnancy. I found her next day in a fair way of recovery, and was then informed, that she had been privately married, and the preceding night, in order to conceal this step, had eaten heartily of a dish, which was known to have been her favourite, notwithstanding a *Nausea*, which threw her into those severe cholic pains and strainings that occasioned the miscarriage.

C A S E

CASE V.

A woman who had bore children, been uncommonly healthy during pregnancy, and used to banter her female companions on account of their antipathies and longings, was, herself, in the year 1753, when four months gone with child, one evening, unaccountably seized with a longing for an artich oak, when she heard them cried in the street; but as they at that time sold at an high price, she resolved to check her desire, as a piece of foolish extravagance, and went to bed, without having indulged her appetite. She could not sleep, however, but became restless and anxious, felt a craving and uneasy sensation at her stomach, and could think of nothing, but the pleasing and relishing dish of which she had baulked her own inclination. Towards morning, she was attacked by violent spasmodic contractions in her bowels, and I was just called in time to receive the little *Fœtus*: but there was no discharge from the *Uterus*; so that I knew the *Placenta* still adhered, and resolved to wait with patience, until it should be disengaged and come away of itself. Being costive, she received a glyster, after the operation of which, she swallowed the following draught, to be repeated every four hours, for three or four times.

R *Confect. Damocrat.* ℥ij. *Aq. Cinnamon.* Simp.
℥iſs. Spirit. Syr. Croci ā ʒij. *M.*

By

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By these means, she obtained rest and a plentiful sweat; and next night there was a small discharge from the *Uterus*, succeeded by after-pains, which discharged the *Secundines*. Vide *Lamotte*, Observ. 43 and 44.

NUMB. II. CASE I.

Of obstructed URINE and COSTIVENESS.

Being called to a woman, who, in her first child, had a total obstruction of urine about the end of the fourth month, I found her in great pain from a distension of the bladder; for the suppression had continued full thirty hours, and immediately gave her ease, by drawing off the urine with a catheter. For several days she had made water with some difficulty, and but a very little at a time, and when examined, I felt the *Uterus* lower down than usual. After having evacuated the bladder, I ordered her to be blooded, and a glyster to be administered, as she was costive. Next morning I found her in the same condition as before, she having passed no urine since the catheter was used: I again examined the state of the *Uterus*, and felt it forced still lower down by the pressure of the overcharged bladder: indeed it was so low, that I could feel the length of the neck and the stretching of the *Fundus*, which seemed to fill up the whole *Pelvis*: I likewise examined

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ed by the *Rectum*, when finding it press strongly against the *Sacrum* as well as the *Pubis*; and feeling it uncommonly hot, I concluded that its whole body was inflamed. When I pressed my finger against the *Os Uteri*, so as to raise it up, some of the urine was discharged, but this being in small quantity, I was fain to have recourse to the catheter, by which she was again relieved of the pain above the *Pubes*, though she still continued to complain of great pain lower down in the *Pelvis*. She had a quick pulse, accompanied with other feverish symptoms, for which bleeding was repeated to the quantity of ten ounces, and as the glyster had not operated according to expectation, I prescribed a solution of *Mann. ʒi. Sal. Glauber. ʒij in Aq. Fontan.* and directed that the glyster might be repeated, in case this *Hauſtus* should not begin to operate in two hours. Next day, I was called again to evacuate the urine, and found that the draught had operated several times; but the pains in the *Vagina* still continued, together with the fever, though not so high as the preceding day. I then advised her to be cupped and bathed, by which means her complaints abated; yet I was obliged to draw off the urine once in twenty-four hours, for eleven days, before she could pass it in the natural way; and then she went on to
her

her full time. She began to be troubled with this suppression about the same time in her next pregnancy; but by bleeding and keeping her body open, it was prevented from being total. I have had two other patients troubled with the same complaint, about the same period of gestation, which continued fourteen days, and was overcome by the same method; namely, by repeated bleedings and glysters, together with the assistance of the catheter. I have frequently known a difficulty in making water, happen at the end of the fourth, and vanish about the middle of the fifth month.

C A S E II.

I was lately called to a woman in the fifth month; and felt the *Fundus Uteri* forced down backwards, to the lower part of the *Vagina*, the *Os Uteri* being forward and above the inside of the left groin. The neck and under part of the bladder were so pressed, that the patient had not urined for several days: the *Vesica* was stretched up to the *Scrobiculus Cordis*, and a fluctuation was felt as in an *Ascites*. The male catheter was used, because the other was too short, and emptied a great quantity of urine; so that the distention of the *Abdomen* considerably diminished.

Next day, after the same operation, she miscarried, consequently the obstruction was

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removed: but, being greatly emaciated by want of nourishment, she was in two or three days carried off by a *Diarrhæa*.

C A S E III.

In the year 1746, being called to a woman who was seized with labour-pains, and a small degree of flooding in the third month, occasioned by a violent *Tenesmus*, I ordered six ounces of blood to be taken from her arm, and prescribed an anodyne draught, which relieved her for several hours; but the pains returning, she soon miscarried. The same accident had happened to her twice before, from the same cause; for she was naturally very costive. She no sooner suspected herself of being with child again, than my advice was demanded; and she being of a full habit, I prescribed venæsection to eight ounces, and a laxative glyster to be injected immediately. Then I directed her to take about three drachms of the *Elect. Lenitiv.* every other night, to live chiefly on broths and boiled meats, with boiled roots and greens, and, as it was then summer, to eat ripe fruits. By this regimen, her body was kept open, and she went on to the full time. *Vide Lamotte, Observ. L. 1. et seq.*

N U M B.

NUMB. III. CASE I.

Of swellings of the HÆMORRHOIDS, LEGS,
THIGHS, and PUDENDA.

In the year 1744, I visited a woman in the fourth month of her pregnancy, who was very much afflicted with costiveness and hæmorrhoidal complaints, to which she was naturally subject. At this time, however, they had increased to a great degree, and the pain was so severe, that she had enjoyed little or no rest for several nights. I prescribed venæsection to the quantity of ten ounces, and as she was averse to a glyster, ordered a bolus consisting of

R *Flor. Sulph. ʒi. Pulv. e chel. cancror. Simp.*
ʒß. Eleæ. Lenitiv. ʒi. Syr. Ros. Solut. q. s.

to be taken at bed-time, in some water-gruel made with fresh butter. If this should not operate plentifully next morning, I directed it to be reinforced with *Sal. Glauber. ʒij. Manna ʒi.* dissolved in water. She accordingly took both prescriptions, in consequence of which she had three motions. The *Sphincter Ani* was so swelled, inflamed and painful, that I thought it necessary to foment the parts with the steams of an emollient decoction, in which some *Sal Ammoniac* was dissolved, with a mixture of spirit of wine and vinegar. Notwithstanding these applications, the pain,
I 2 swelling,

swelling, and fever increased, and being afraid of using scarifications or leeches to a woman in her condition, without farther advice, I desired a physician might be called. He ordered a repetition of venæsection, and opening medicines, by which the fever was allayed; but as the hæmorrhoidal swellings did not subside, we ventured to apply leeches to the parts, about five ounces of blood were discharged, and the swelling immediately subsiding, she proceeded happily to the full time.

C A S E II.

In the year 1744, I attended a woman, whose legs had begun to swell in the seventh month of pregnancy, and this swelling, which was of the leucophlegmatic or anasarcaus kind, continued without giving her much disturbance, till the middle of the ninth month, when being obliged to walk a considerable way, upon some particular business, she, on her return to her own home, found her left leg and thigh excessively swelled and painful. Indeed, when I was called, I began to fear a mortification would ensue, for the skin appeared of a livid hue. The woman being otherwise of a strong and healthy constitution, I immediately ordered twelve ounces of blood to be taken from her arm; and as she was costive, prescribed a purgative glyster, which

which operated three times. Her leg and thigh were fomented with a decoction of the same nature as that described in the preceding case; and as the pain continued, an emollient cataplasm was applied over all the parts affected. She enjoyed little rest that night, and finding her fever, pain and restlessness remaining next morning, I ordered her to be bled again to the quantity of ten ounces: I directed her to take draughts with the natural salts, to drink plentifully of an emulsion with nitre, and continue the use of the fomentation and poultice. Next day, the pain and tension were a little abated, but her pulse being still quick, she was again bled to the quantity of eight ounces, and the internal medicines, with the external applications, continued. By these means the inflammation was carried off in a few days, and in a little time she fell into labour, and was safely delivered.

C A S E III.

In the year 1750, a woman of a lax habit of body, during her first pregnancy, ran into the extreme of being too abstemious, and drank nothing but water. In the fourth month her legs began to swell, and when I was called in the seventh, I found not only her legs and thighs œdematous, but also the *Labia Pudendi* so much swelled, that she could

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not walk. This swelling, however, subsided, in consequence of a few punctures with the point of a lancet. I then prescribed repeated doses of the *Confectio Cardiaca*, and directed her to drink strong beer or wine, instead of small beer or water. By these means, she recovered a little from the languishing condition in which she was, though the swellings of the legs still continued; and when that of the *Labia* returned, so as to prevent her taking a little exercise, it was reduced as before by the punctures.

In this manner she went on in her pregnancy, to the end of the eighth month, when she was taken in labour; and though her weakness rendered her case tedious, she was safely delivered of a very small child, that lived some weeks. She recovered tolerably well of her lying-in, for the first twenty days, and the œdematous swelling subsided: but her constitution having been so much weakened and impaired, the whole surface of her body began to be puffed up with an anasarca. This case being without the sphere of practice to which I have confined myself, I desired that other advice might be used, notwithstanding which, the disease still increased, and carried her off in about six weeks after her delivery. *Vide* Lamotte, *Observ.* 45, 46, 47.

NUMB. IV. CASE I.

Of pains in the back, belly, sides, together with vomitings and difficulty in breathing towards the end of pregnancy.

In the year 1744, I was called to a woman of a weak and lax habit of body, in the third month of her pregnancy, who was seized with violent pains in her back, and a discharge of blood from the *Uterus*; but before I arrived she had miscarried. I then understood she had formerly suffered a great deal from violent floodings in her second pregnancy, when at her full time, by which her health was weakened and impaired: since that misfortune, she had four times miscarried in the third month, notwithstanding her having been blooded by way of precaution, which, indeed, she imagined had hastened the miscarriage, by throwing her into fainting fits, accompanied with pains in the back, which were always the fore-runners of flooding. I advised her to go to *Bath*, and drink the waters, in order to strengthen her constitution before her next pregnancy; and this expedient had the desired effect; for soon after her return, she became pregnant, and went on to the full time.

I have had several instances of women of a lax habit, who could not bear evacuations, but miscarried in consequence of them.

C A S E II.

A woman of a strong and healthy constitution, was attacked, in the fourth month of her second pregnancy, with a violent pain in her back, for which I ordered ten ounces of blood to be taken from her arm, and as she was constipated, a laxative glyster to be injected. By these means, the violence of the complaint was abated: but, next day, her pulse continuing quick and full, the venæsection was repeated to the quantity of eight ounces, and a strengthening plaister applied to the back. These precautions being taken, she proceeded tolerably well, till the eighth month, when she was seized with stretching pains in the *Abdomen* and side. I again prescribed phlebotomy to the amount of eight ounces, and directed the parts affected to be frequently anointed with pomatum. By which means, her complaints were relieved, and she went on to the full time.

She had miscarried in the third month of her first pregnancy, neglecting the precaution of being blooded, when she was seized with pains in her back, and other plethoric complaints. I have been consulted in many such cases, and always find that women of a full habit are relieved by venæsection at any time of pregnancy.

C A S E

C A S E III.

In the year 1747, a woman was, towards the end of the eighth month of pregnancy, attacked with vomitings, and a difficulty in breathing, which increased to such a degree, that she could not lie in bed, but was supported by pillows, in a posture between lying and sitting; nor could she retain either solids or fluids on her stomach. I was called about the middle of the ninth month, when I found the *Uterus* stretching higher up than is usual, in the *Abdomen*. I was informed that she had nearly the same complaints, though not to such a degree, in two former pregnancies; that she seldom went abroad, took little or no exercise, but frequently lay on the bed, and that her dress had been always loose. In consequence of these hints and observations, I supposed that her complaints proceeded from the pressure of the *Uterus*, and ordered six ounces of blood to be taken from her arm. I likewise prescribed draughts with the neutral salts; but these being rejected by the stomach, I directed about half a pint of strong beef broth to be injected by way of glyster, four or five times a day, to supply the want of nourishment by the mouth; and this succedaneum had the desired effect. Indeed, I dissolved four grains of opium in the two first that were administered, in order to prevent
their

their being discharged; but when the intestines were emptied, they remained without the opium, and were taken up by the absorbent vessels.

By these glysters she was effectually nourished, and the dyspnœa relieved by frequently taking the air in a coach, till she arrived at the full time, when she was delivered of a small weakly child, and a great quantity of water.

In her next pregnancy, she laced tighter at first, slackening by degrees, as she increased in bulk, and took a good deal of exercise, by which precautions, her former complaints were prevented from returning.

C A S E IV.

In the year 1746, I attended a patient in her first labour, who was of a leucophlegmatic habit, lived in an indolent manner, and had the same complaints that are described in the preceding case, though not to such a violent degree. I was not called until she was in labour, which proved very tedious from her weakness; and I advised her to take more exercise, if ever she should be pregnant again. About two years after this period, I was summoned again; but she was delivered some hours before I reached the place of her abode. Far from having followed my advice, I understood

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derstood she had acted in diametrical opposition to it, dressed in a loose, slovenly manner, without even walking in her room, but rather chose, towards the end of her pregnancy, to be always in bed, supported with pillows: the dyspnœa and reachings had begun sooner than in her first pregnancy; and she seemed to be in a very weak and dangerous condition: for, after delivery, her complaints did not abate. I advised those who were present, to send immediately for the physician of the family, and left her to his care; but the *Vis Vitæ* was so much exhausted, that she died in two days. As for the child, it had been dead for several days before delivery. *Vide Lamotte, Observ. 50.*

COLLECTION XI.

Of diseases that occur at other times as well
as in the UTERINE GESTATION.

[*Vide* Lib. II. Ch. 2.]

NUMB. I. CASE I.

Of STONES OR GRAVEL in the KIDNEYS or
BLADDER.

In the year 1747, I was called to a woman in the seventh month of her second pregnancy, who had been several years subject to violent gravel pains in the kidneys, from which divers small stones had passed into the bladder, and were discharged with the urine. When I arrived, she was in great torture from a stone, which she imagined, had stopt in the right ureter; she was seized with violent vomitings and strainings, and her urine being high-coloured, I was afraid of a miscarriage. In this apprehension, I ordered ten ounces of blood to be taken from her arm, a glyster to be administered, and after its operation, prescribed ten grains of *Pil. Mattbæi*, by which means, the violence of the pain was allayed, and in a little time, the stone passed into the bladder. She was afterwards, from time to time, subject to pains from the passage of gravel, but not to such a violent degree; though it was
much

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much more severe, and returned more frequently during pregnancy, than at other times.

C A S E II.

Communicated by Mr. *Archdeacon*, Surgeon at *St. Neot's*, in a letter dated *Sept. 19, 1747*.

One *Gibbs*, the wife of a coal-porter in this place, had long complained of violent pain in the bladder, with other symptoms of a stone; but met with little compassion, because suspected of idleness, rather than of having any real disorder. She afterward proved with child, and endured great torment all the time of gestation, till she fell in labour, when the midwife being called, was surpris'd to find a hard body presenting before the head of the child. She did not know how to act upon this occasion, but the patient's circumstances not permitting her to employ a male-practitioner, patience was the only remedy she had to support her through a long and painful labour. At last the midwife felt something come away, and upon examination, found it was a stone of the shape and size of a goose's gizzard, weighing five or six ounces, which she afterwards gave to Doctor *Waller* of *Cambridge*. The child followed immediately after it was discharged, and proved to be a boy, who is now a blacksmith in *London*, about twenty-eight or thirty years of age. The woman

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man recovered very well, but was troubled with an involuntary emission of urine; she afterwards bore a daughter, and lived several years, until she was shot by accident at a gentleman's house in this town.

In *Phil. Transf.* No. 202. p. 817. there is a paper by Dr. *Thomas Molineux*, giving three cases of young girls of six, ten and eleven years of age, from whom stones were extracted by dilating the *Urethra* without cutting, although, at the last, the stone was of a large size. And another paper in p. 818, of a woman, who voided a stone that weighed above two ounces and a quarter. A stone about the same magnitude was voided by another woman of sixty-three years of age, as attested by Dr. *Richard Beard*, No. 178. Vol. V.

There is also a paper from Dr. *Beale*, No. 18. p. 320, describing a stone taken out of the womb of a woman, by incision, that weighed near four ounces.

C A S E III.

Bonteus in his *Sepulchretum*, Book III. Sect. 38. *Observ.* 1. relates a case of a woman, who was for many years afflicted with a most violent pain in the left kidney, and though fourteen times with child, was always delivered before her full time, in the eighth or beginning of the ninth month. When she died,

he opened her, and found the left kidney quite wasted, the right kidney was very much swelled, and contained a very large stone.

The thirteenth case, was that of a woman, who was for many years subject to convulsive disorders of the hysteric kind, which were more violent when she was with child; and she commonly miscarried at the end of the third month, and at last died of an apoplexy. When she was opened, contrary to his expectation, the womb appeared to be perfectly sound, and he could find nothing about those parts, that could occasion the disorder; but, in opening the head, he found a large quantity of water lodged in the cavities of the brain, which he alleges was the occasion of those spasmodic pains and disorders, and of the abortions that followed.

He has several other cases of abortions, occasioned by several other causes. *Vide Collect. XII.* of this book.

NUMB. II. CASE I.

Of HERNIAS.

In the year 1745, I was bespoke to attend a patient in labour, who from her infancy had been troubled with a small *Hernia* in her left groin; which, however, disappeared in the fifth month of her pregnancy. As it still continued up when labour came on, I directed

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ed an assistant to press her fingers on the part, during every pain, to prevent it from being over-strained, and she was safely delivered. I expected the *Hernia* would return as soon as she should be recovered and walk about, because this was the case of another woman nearly in the same situation, though the *Hernia* was larger and on the left side. I was, however, agreeably disappointed, for it has not yet re-appeared, although I have delivered her twice since that period.

C A S E II.

I delivered a woman in the year 1727, who had been afflicted with a rupture in the left groin, during the whole time of uterine gestation. Though she could reduce the *Hernia*, it was forced down by every pain, and gave her great uneasiness. The labour being pretty far advanced when I arrived, I took the opportunity of reducing the *Hernia* upon the cessation of the pain, pressing my fingers upon the part, and directing her to lie on her left side, with her thigh close up to the *Abdomen*, a position which favoured its keeping up, and prevented the anguish which retarded the labour. She was accordingly safely delivered, and when she recovered of her lying-in, I recommended a truss, by which the disorder was palliated.

C A S E

C A S E III.

I attended a patient, who, after a former labour, was afflicted with an *Exomphalos*, which disappeared in the eighth month of uterine gestation, but returned after delivery.

C A S E IV.

In the year 1731, I was called to a woman, who had felt a swelling gradually increase at the left side of the *Anus*; and this tumor disappeared when she was in bed, but always returned in the day while she was a-foot. This *Hernia* continued down all the time of her first labour, upon which, an inflammation and strangulation of the intestine ensued; so that it could not be reduced as usual. But, as she had a large discharge of blood after delivery, and the parts were fomented with discutient fomentations, reinforced with warm and emollient cataplasms, the stricture was overcome, and the *Hernia* reduced. In her next labour, the intestine was forced down by the pains, which had also pushed down the membranes with the waters, and considerably opened the *Os internum*. The *Hernia*, however, was reduced by opening the *Os externum*, introducing my hand into the *Vagina*, and pushing the intestine above the *Os Sacrum*. By this operation the membranes were broke, the waters discharged, and the head being

forced down into the *Pekvis*, kept up the intestine; then she was safely delivered without undergoing the same risque she had run before.

C A S E V.

In the year 1746, I had occasion to examine an *Hernia* of the same kind, in a woman, who, about two years before I saw her, and a month after she was delivered of her first child, had felt a swelling on the left side of the *Perinæum* and *Anus*, which she imputed to the violence used by the midwife in delivering her. The swelling increased considerably, hanging down in the day, though while she was in bed, she could gradually thrust it up into the *Pelvis*, between the *Vagina* and *Rectum*, by introducing two fingers into the *Vagina*, and pushing it up, until she found it returned into the *Abdomen*; but when she arose, it always relapsed. About three quarters of a year after this tumor first appeared, she conceived, and was seized with a violent cough, which forced down the intestine in such a manner, as to increase the swelling to the size of a man's fist. As she augmented in bulk, she found greater difficulty in reducing the *Hernia*, though the reduction became more necessary, from the pain occasioned by the pressure of the *Uterus*; insomuch,

infomuch, that she was frequently obliged to lie down on purpose to effect it. About five weeks before she fell in labour, the tumor increased to such a degree, that she could not reduce it at all; and thus she continued for several days in great pain. As she had been an out-patient of *St. George's Hospital*, *Dr. Ross* sent her husband with a message to me, desiring, that I would send one of my pupils to her assistance. It was late when I received this intimation, and the place of her abode being at a distance, I desired *Mr. Tomkins* to visit her, but she would not allow him to examine the tumor. Next morning, I accompanied him to the place, and found her in great agony: the part was livid, and all round the edge of the swelling, of a fiery red colour. She lay on her side, and when turned on her back, for the convenience of examining the tumor, it broke in the middle where the skin was thin, and where there was a small fluctuation underneath. From the opening, which was small, issued about a spoonful of pus mixed with blood, and immediately after this discharge, a thin fluid of a greyish colour, to the quantity of half a pint. This rupture no sooner happened, than the patient exclaimed, that the intestine was gone up, and that she was perfectly free from the pain, which the moment before had been so violent.

We were very much alarmed at what had happened, because this fluid which had still continued to flow in a small quantity, appeared to be the contents of the *Ileon*, part of which, we concluded, must be mortified. She being costive, the *Colon* was emptied by a glyster, a pledget applied to the aperture, and she was ordered to take no other sustenance but soup, made of lean mutton or beef. She recovered, contrary to our expectation, went on to the full time, was delivered by Mr. *Tomkins*, and some months after her delivery called upon me, when I found the *Hernia* had kept up, and the part appeared firm, though a little ichor continued to ouze from the small orifice; so that, I imagined the inflamed intestine had adhered to the neighbouring *Viscera*, after the mortified sloughs had been cast off. She was frequently troubled with violent pains, and great weakness in that side of the belly, as if the gut was become narrow and contracted, so as to hinder the easy passage of the *Ingesta*. In about five months after this cure, the rupture re-appeared, in consequence of her over-straining at a wash-tub, and she being again pregnant, it was several times reduced by one of my pupils, by whom she was likewise safely delivered.

She afterwards sickened of the small-pox, and died.

C A S E

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C A S E VI.

Communicated in a letter from Mr. *Stubbs*, of *Bedfordshire*, dated *Feb. 2, 1752*.

He was called to a woman near forty years of age, in labour of her first child, and understood a midwife had been in waiting ten hours, and that the membranes were broke. The *Vagina* and *Pelvis* were filled up by a tumor, which, at first touch, he mistook for the head or *Nates* of the child; for he had scarce room to introduce one or two fingers betwixt it and the *Pubis*: but opening the *Os externum*, and pushing up this tumor, he felt the *Os Uteri* largely dilated, and the child's head resting against the *Pubis*.

He withdrew his hand, which was very much cramped and pressed, and having rested a little, and considered the nature of the tumor, which probably proceeded from the intestines pushed down at the back part of the *Vagina*, he again insinuated his hand, and pressing strongly upon the tumor, it was reduced, and the head immediately descended into the *Pelvis*: then it was delivered by the forceps, because the woman was weak, and both mother and child did well.

N U M B. III. C A S E I.

Of an *ASCITES* during *PREGNANCY*.

In the year 1747, I was called to a woman immediately after her delivery, who from the

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bigness that remained, imagined there was another child in the *Uterus*. Upon examining in the *Vagina*, I could find nothing to justify this notion; but in the *Abdomen*, which was very large, I plainly felt a fluctuation of water. This increased considerably after she recovered of her lying-in, when I advised her to consult her physician and surgeon, who, in order to relieve her of the anguish proceeding from the distention of the parts, tapped her several times before she died.

C A S E II.

It will be unnecessary to describe particular cases of the *Anasarca*. I shall therefore, once for all, observe, that I have been called to several patients of a weak and lax habit, and found the cellular membrane swelled over the whole surface of the body. By the method prescribed in Collect. X. No. 3. Case 3. all of them were relieved and strengthened before delivery, except one woman, who after delivery, was, from excessive weakness, carried off by an universal anasarca. *Vide* Mauriceau, *Observ.* 81. and *Medical Essays of Edinburgh*, Vol. V. Page 642.

An account of an *Hydrops Ovarii*, by Dr. J. Douglas, No. 308. p. 2317. of the *Phil. Trans.* A woman, not long after she had lain-in of her first child, received a violent blow
upon

upon the left side of her belly; the pain abated in two or three days, but returned in two months, when she observed that side gradually turn bigger than the other, and the pains increased; but in three months after she was first afflicted with them, they went off, when she turned pregnant, and had no other symptom than what is common in that state, only she was much bigger than ordinary; after delivery, the swelling abated but little. In about a year after, she again conceived, went on to her full time, was delivered of a live child, but was so weak, that she died on the third day. On the doctors opening the *Abdomen*, there issued out a vast quantity of slimy viscid water, in color and consistence very much resembling a brown, thick and ropy syrup, to above sixteen or seventeen gallons, which he imagined, was contained in a duplicature of the *Peritonæum*, as the intestines did not appear: but after examining more narrowly, he found that the thick membrane, including the waters, could be separated from the *Viscera* and *Peritonæum*. This bag reached from the *Pubis* to the *Midriff*; and from the left region of the loins to the right, and filled up the whole cavity of the *Abdomen*, distending her belly so far, that a plate could easily lie on it, when she was alive. After he had freed it from all the neighbouring parts, he found

it adhered inseparably to the left *Fallopian Tube*; and that it was nothing but the membrane of the *Ovarium* thickened, and distended by the collection of the abovementioned humor. All the other *Viscera* in the *Abdomen* were found, and in their natural state.

There are several other papers of such cases in *Phil. Trans.* viz. No. 140, p. 1000, in a woman opened by Dr. *Henry Sampson*, the left *Ovarium* was increased to such a bigness, that it, and the fluid contained, weighed with the *Uterus* that was but light 137 pounds. *Vide* No. 348, p. 452, by Dr. *Hollings*. And another in No. 381, p. 8. of a dropsy in the left *Ovarium*, of a woman of fifty-eight years of age, cured by a large incision made in the side of the *Abdomen*, by Dr. *Robert Houstoun*, who relates the following particulars.

A woman near *Glasgow*, in her last lying-in, at forty-five years of age, suffered much from her midwife's separating and pulling away the *Placenta* with too great violence, and was so sensibly affected with a pain which then seized her left side, between the navel and the groin, that ever after she had scarce been free from it, but had it more or less for thirteen years together. That part of the *Abdomen* increased, and gradually stretched to a great bulk, and at last drew to a point, when the doctor made by degrees a large opening,

opening, from which was first discharged a gelatinous substance, and then about nine quarts of such matter as is observed in steatomatous and atheromatous tumors, with several hydatides of various sizes, containing a yellowish serum, and several pieces of membranes which seemed to be parts of the distended *Ovarium*. After this, he stitched up the wound with three stitches, and by a careful management, the woman recovered, and lived several years. The doctor says, it plainly appeared, that the pain arising from the delivery of the *Placenta* and its continuing, was the occasion of an inflammation and obstruction of that part of the *Uterus* and neighbouring parts; and several writers corroborate this opinion, as *Cyprianus*, *Forrester*, *Ruyfch*, &c. Others have given remarkable cases of dropsies of the *Ovarium*: particularly one is described by *Drelincourt*, which seemed to be nothing but a number of little globules clustered together, some containing water, exceedingly clear and limpid; others, a yellow, thin serum; and others again a glutinous matter; some were as big as pullets eggs, others bigger than a man's fist. The body of the *Ovarium*, with its contents, weighed sixty pounds. These few, out of many instances from authors of undoubted reputation, he alleges, suffice to prove, that

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the *Ovaria*, as well as the *Tubæ Fallopianæ*, ligaments, and *Uterus* itself, are not free from dropsies, &c. and that they are owing to obstructions, often occasioned by rude and violent dealings with women in hard labours. In No. 423, p. 729. is a similar case from Mr. *John Belcher*; and in No. 466, p. 223. another from Dr. *Short*.

NUMB. IV. CASE I.

Of the LUES VENEREA.

In the year 1741, one of the poor women attended by my pupils, being near the full time, had a bubo in the groin, and her throat began to be affected with a venereal inflammation. Poultices were applied, in order to bring the tumor to suppuration; and small doses of calomel were given internally, to restrain the infection, until she should be delivered. These methods seemed to succeed; she was safely delivered of a male child, which at first had no appearance of infection; but, in about eight days, the *Scrotum* and *Penis* began to swell, inflame, and break out in little ulcers, the whole body was soon covered with venereal blotches, and it was attacked by a cough, which destroyed it in three weeks after it was born. As for the mother, the bubo was brought to suppuration, and the matter discharged, and I designed to have sent her

to an hospital for the cure of the *Lues*, as soon as she should be in a condition to be removed; but the ulcers in her throat grew worse and worse; in about a fortnight after her delivery, her lungs were affected, a consumption ensued, and death was the consequence.

It is observed in general, by the gentlemen who have frequent opportunities of salivating pregnant women in the hospital, that it is performed safer in the first six or seven months of pregnancy, than in the last two or three months, because they are then in danger of being delivered at the height of the salivation. But that they are less subject to miscarry in the fifth or six months, than in the first four months; that women ought not to undergo a salivation, unless the disease is like to prove destructive, by phagedenic ulcers in the throat, &c. for if the disease can be palliated, till the patient is recovered of her lying-in, if she suckles the child, and is then salivated, both she and the child will be cured with greater safety. That women of a full habit should be blooded, live abstemiously, and take opening medicines, before they are anointed with the mercurial ointment: also if the *Menses* are expected, we ought to wait till the evacuation is over, either in those that are not pregnant, or in those that have them during pregnancy.

The

The following observations are from *Mauriceau*, with regard to the treatment of pregnant women, affected with the venereal disease.

In *Observ.* 23, p. 20. He gives an account of his being called to see a young woman, aged twenty-two, in her seventh month of pregnancy, who was then under a salivation for the *Lues Venerea*, and who spit near three quarts a day, and yet was happily delivered at the full time of a healthy child.

In *Observ.* 71, p. 60. He mentions his having seen such a case as the former, only the patient was gone with child but two months and a half, and a moderate salivation was carried on for a month; the use of the warm bath was forbid, and the woman was at last safely delivered of a healthy child.

In *Observ.* 100, p. 83. A like case with the former is mentioned, with a remark, that in all cases where a pregnant woman is infected with a *Lues Venerea*, it is safest and properest to salivate them in the earlier months of pregnancy, when the evacuation will less affect the *Fœtus*.

N. B. Two other cases are mentioned, but in one of them the patient had only a *Gonorrhœa*, which, though not cured, did not affect the child, and in the other case the patient was only suspected of being poxed.

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COLLECTION XII.

Of Miscarriage, or Delivery before the full time. Vide Vol. I. Lib. II. Chap. III.

NUMB. I. CASE I.

Of what may occasion the Death of the
FOETUS in UTERO.

In the year 1746, I was sent for to a woman near the full time of her first pregnancy, who imagined she was in labour: but I found the *Os Uteri* close shut, and upon enquiring more minutely into the nature of her complaints, I thought they proceeded rather from the colic than any tendency to labour: and she told me, she had not felt the child stir for eight or ten days. I ordered her to be bled, and the intestines emptied by a glyster, and these evacuations, together with an opiate, carried off the pains. In five or six days, I was called again, and found the *Os Uteri* largely open, the pains strong and frequent, and though the case was tedious, she was safely delivered.

The whole body of the child, together with the *Funis*, was livid; and this last, which was ten hand-breadths long, had a knot in the middle tight drawn, that part which had passed through the noose being small, and the
rest

rest very much swelled. The child seemed to have been dead about fourteen days, and the death, doubtless, proceeded from the knot's being drawn so tight, as to obstruct the circulation.

I was concerned in another case, where there was a knot upon a long *Funis*, yet not so close drawn, but that the child was alive.

C A S E II.

I once delivered a woman of a dead child, round whose neck the *Funis* had formed a kind of noose or knot: yet its death seemed rather to proceed from a hurt in the delivery; for the arm presented, and the child being brought footling, I found more difficulty than usual in delivering the head.

C A S E III.

In the year 1747, I was called to a woman in labour, and felt the *Os Uteri* backwards towards the *Sacrum*, and a little open, though I could feel no waters. The head pressed down the *Uterus* before it to the lower part of the *Pubis*, and I felt something unequal, like a long, flat substance, between the *Uterus* and globular part of the head. This, upon delivery, appeared to be about two inches of the *Funis* pressed flat and mortified; and the child seemed to have been dead for some days.

C A S E

C A S E IV.

Another child which presented with the arm, I delivered footling, and found the *Funis* wound three times round the neck, which at the *Abdomen* was drawn very small, and flattened. This, no doubt, was fatal to the child, who had been dead many days.

C A S E V.

In the year 1749, I delivered a woman, who, about fourteen days before, had been excessively frightened at the second shock of the earthquake which happened in *London*. In the instance of her terror, she felt the child bound surprisingly in her womb, a tremulous motion ensued, and after that minute she never felt it stir. She was taken with a vomiting and purging in the eighth month, which brought on the labour pains, and delivered her of the child, which was entirely mortified. The *Cuticula* was easily stript off, the *Abdomen* swelled, and the scalp and bones were loose and pappy.

I have attended in many cases where much the same symptoms occurred in the three or four last months of pregnancy, and the child was generally dead, though sometimes it chanced to be alive. Women often miscarry about the fourteenth or fifteenth day, after accidents, fevers, excessive fatigue, &c. and labour is commonly brought on by super-purgation,

gation, sickness and reaching; and sometimes by the breaking of the membranes. I have likewise known many women miscary, though nothing extraordinary had happened, and no cause could be assigned for the death of the child.

C A S E VI.

In the year 1743, a woman five months gone with child, was seized with violent pains at her navel and stomach, together with a continual vomiting. She had conceived in *March*, and in *August* was taken with a pain in her back, from a strain in lifting a heavy pot. About a month after this accident, when her other complaints began, she perceived a fluid of a brownish colour and mortified smell, continually draining from the *Vagina*, and at different times, several bones of the fingers and toes of a child, came away. Anodyne draughts, epithems and opening glysters were administered, to ease the pain and restrain the vomiting, but all to no purpose. She became gradually emaciated, being worn out with pain, want of rest and nourishment: for her stomach would retain neither solids nor fluids. To remedy this defect, recourse was had to broth-glysters, which were injected three or four times a day, and contributed effectually to the support of her strength and constitution. When the small bones began to be evacuated, and her symptoms were at the worst, a male catheter
had

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had been introduced within the *Os Uteri*, but could not pass above an inch beyond that part, and nothing but a soft substance could be felt. An attempt was also unsuccessfully made to dilate with long, narrow-mouthed forceps; and injections were thrown up by a long slender pipe made for the purpose, which, however, reached but a very little way within the neck of the womb. At length, the anodyne medicines took effect, and the nourishing glysters succeeded to our wish. The soft parts of the child continued to dissolve and come away in form of a cadaverous ichor, till the month of *December*, when this evacuation ceased. However, she had several slight relapses till the *May* following, when she voided by the *Anus*, several bones of the skull, and other large bones of the body, the cartilages and spungy ends of which were dissolved, though they appeared to have belonged to a *Fætus* five months old. During this whole time, the lips of the *Os Tincæ* were smooth, and the neck of the *Uterus* was long, nor had she the least flooding, until three months after, that the menstrual discharge returned. This was her first pregnancy, since which she has not conceived; and what is very remarkable in the case, she never had pains about the *Uterus*, but only at the navel and *Scrobiculus Cordis*; and these were doubtless owing to the bones working their way through the womb and *Rectum*.

C A S E VII.

About the same time, another woman who had formerly bore a child, and was in the fifth month of her second pregnancy, was taken with a flooding which continued fifteen days, at the end of which, a mortified ichor flowed in large quantity for the space of three weeks, though no bones were evacuated. Some time after this disorder, she recovered her strength, had a regular discharge of the *Menses*, conceived again, went on to the full time, and was safely delivered. As in the former case, part of the bones was dissolved, it is probable that in this, there was a total dissolution.

There are two cases much alike in the *Philosoph. Transact.* the first in No. 229. p. 580. by Mr. *James Brodie*, of a negro woman, about the seventh month of her being with child, whose navel imposthumated and broke of itself, and after it had voided some quantity of ichorous matter, whereby she had some ease, the discharge ceased. In about a month after, it imposthumated again to a much greater degree than before; a surgeon opened it with a large lancet, and after discharging a great quantity of thin ichor, extracted the bones of the *Fœtus*. The woman recovered, and had a child afterward.

The

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The other is in No. 461, p. 814. by *Dean Copping*, of a woman who went with child for seven years, till she became again pregnant, and proceeded to the ninth month, about which time there was a tumor about the bigness of a goose egg, an inch and a half above the *Umbilicus*, which broke of itself, and from a small orifice, discharged a serous fluid. She had a midwife and three or four physicians, who gave her over: she therefore sent for a butcher; when he came, an elbow of the child presented to view at the opening of the tumor; and at the request of the woman and friends, to relieve her, he made a large opening both above and below the navel, which enabled him to fix his fingers below the jaw of the *Fœtus*, which he easily extracted. He afterwards observing a black substance, introduced his hand into the opening, and extracted piecemeal the bones of another *Fœtus*, and several pieces of black mortified flesh. She recovered, and was able to pursue her domestic affairs, only she had an *Exomphalus* ever after.

No. 275. p. 1000. is an account of the greatest part of the *Fœtus* voided by the navel, several weeks after a midwife had delivered the *Secundines*, which she took for a *Mola* on her finding no child. By Mr. C. Birbeck. And in No. 302. p. 2077. Sir Ph. Skipton

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communicates a case, in which, part of the bones of a *Fætus* were voided through an imposthume of the groin.

In *Phil. Transact.* No. 243. p. 292. we read of a woman who was delivered of a child, and continued indifferently well for two or three days after; then new pains came upon her, and for three weeks together, there came from her daily some quantity of corruption, with pieces of flesh and skin; and she continued dangerously ill for about eight weeks, at the end of which time she was relieved.

After two years, she began to breed again, had three children in three years following; all which were drawn from her by violence. During her lying-in with the last of these three children, some bones of a *Fætus* came from her; after this, divers other bones came away with her *Catamenia*, and amongst which were sundry parts of the skull, and some of the larger bones of the body of a *Fætus*, worked their way, by degrees, through the flesh, above the *Os Pubis*. The woman was alive several years after.

Dr. Ch. Morley, in *Phil. Transf.* No. 227. p. 486. describes the case of a woman, who, after having had children, being again pregnant, was invaded with the expected labour pains, which in a few days went off; but the tumor in the *Abdomen* remained. She return-

ed to her usual employ, continuing for more than a year, without being freed from her burthen. At last a bone was discharged, not through the uterine passage, but by the *Anus*; and, after some interval of time, many other bones were in like manner evacuated; for so long as the woman had exceeded her due time of gestation, so long was she in discharging the bones by stool, which were all kept in a box, in which they appeared so numerous and with so many distinct skulls, as might induce every one to believe that three *Fætuses* had lain so long buried in the *Uterus*. The woman did well, but two years after riding to some distance, the wound was broken open again by the violent shaking of the horse, of which rupture she expired.

Mr. *Bernard Shiver*, in *Phil. Transf.* No. 385. p. 172. writes of a woman of forty-one years of age, who conceived in *July* 1720, and having gone seven months with child, though sometimes she had her *Menses* in a small quantity, she perceived her belly lessen, with only a kind of pressure remaining in her right side: a month after, she conceived again, and in *December* 1721, was delivered of a dead female child, of a proper size: from that time she kept her bed till *June* 1724. In *May* happening to go to stool, she felt a pain in the *Anus*, as if the *Rectum* would drop from

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her; and endeavouring with her fingers to relieve herself, she extracted a piece of the *Cranium*, as big as a *Swedish* crown, and at the same time two ribs were found in the close-stool; and fourteen days after, the rest of the bones were voided the same way, of an excrementitious colour. The woman did afterwards very well, and was the mother of three children; she also had her *Menses* naturally.

In the *Phil. Transf.* No. 477. p. 529. is a letter from Mr. *James Simon* to the president, concerning the bones of a *Fætus* voided *per Anum*.

A curious and worthy clergyman of the County of *Armagh*, sent me some time ago a parcel of bones with the following account of them; *viz.*

Rose the wife of *Mortough MacCornwall*, of the parish of *Tullylish*, barony of *Clare*, in the year 1741, about the latter end of *May*, or the beginning of *June*, being in the 37th year of her age, and mother of several children, conceived as usual; but in two or three days after, felt an excessive unnatural kind of pain in the *Matrix*, which continued with frequent faintings, a depraved appetite and an exceeding great weakness, till her child quickened; after which she proceeded reasonably well in her pregnancy to the end of nine months; and then her child was alive,

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and every thing right as the midwife thought. She fell in labour, which lasted with proper child-bearing pains for twenty-four hours; but could not be delivered; and her labour leaving her, the child was no more observed to stir. In a month after, her labour returned, and with many regular throes continued twenty four hours more; but to no purpose, save the discharging of some quantities of black corrupted clots of blood; of which kind also she threw up much by vomit: then her labour left her entirely; and soon after, she felt the decaying of the flesh of her infant, and the discharge thereof both at the *Matrix* and *Anus*, with so putrid and deadly a smell, as was extremely nauseous both to herself and others about her. Thus she lived for upwards of twelve months, and at that period her pains increasing to excess, she began the discharges of the bones, which to the number of eighty and upwards, she voided wholly by stool; fourteen the first day, and two, three or four at a time afterwards, for the space of twelve months, or more; with most intolerable pains at the voiding of each bone, especially a broad piece of the skull; so that from her conception to the day of her death, which was the fourth of *April* last, makes up near four years; during most of which time, never was a more calamitous creature; for

three years, scarce a day without suffering most exquisite torture, being also attended with frequent faintings, a continual want of appetite, and an almost perpetual looseness; inasmuch, that it is miraculous how she lived, not eating in all that long space so much as would have sustained a sucking child; even the very liquids at length not lying a moment on her stomach; by which means she became quite emaciated, and dismal to look at, not being able to move from one posture to another, or to be moved without fainting at every the least touch or motion. The truth of all which I attest to you, as I received it, partly from the poor woman herself, and partly from my wife, who visited her frequently during her illness.

In the same *Transactions*, No. 485. p. 121. we find a letter from Mr. *Fran. Drake*, surgeon, F. R. S. to *Martin Foulkes*, Esq; concerning the bones of a *Fœtus* discharged through an ulcer near the navel.

SIR,

York, June 22, 1747.

Having a call from hence into *Lincolnshire* lately to see a patient, the apothecary who attended him, informed me, amongst other things, of an extraordinary case, which had happened in that neighbourhood, a very few years ago. I have since been informed, on inquiry,

inquiry, that it has not as yet been represented to the Royal Society; and therefore, I hope, you will do me the honour to lay this account of the case before them.

Jane the wife of *James Burman*, labourer, at *Scawby*, near *Brig* in *Lincolnshire*, was about twenty-nine years of age when she married. About two years after, when she had had a child at full time, she conceived again, and went regularly on for four months. She then got a fall, and about three weeks after, felt a load in her belly; which continued on the right side of the same, for between two and three years. The woman then grew very big of another child, which pressed so much upon the lump as to give her great uneasiness. However, she went on to her time with her double burden, and three years and a quarter after the accidental fall, she was delivered of a live child at full growth: from which time, she grew worse and worse, with violent pain about the navel, and an inflamed tumor appeared near the part. Upon application to a neighbouring surgeon, fomentations were used, which produced a suppuration at a small breach near the navel. The surgeon did not know what to make of this swelling, and therefore did not venture to enlarge the orifice; but it continued discharging a fetid purulent matter for three or four months longer.

About

About a year or more after her last delivery, the woman was suddenly seized in the night-time, and a hardish mass of flesh seemingly about eight inches long, was discharged through the old opening in her belly. The lump was rather thicker than an ordinary man's wrist, and being opened, contained all the bones of a *Fœtus* of about four months growth. At this time the woman was much emaciated, occasioned by the large discharge of *Pus* from the wound; and what was much more extraordinary, whatever she eat or drank came out digested through the opening; white bread, or better diet, came through in that manner, but coarse rye bread, or such like, were not digested at all; for which reason, the poor woman must inevitably have perished, had she not been supported by a charitable gentleman's family in the village with diet fit for her miserable circumstances.

She continued to discharge her excrement in this manner for six months, and then that symptom left her; after which the ulcer was kept open other six months, when it dried up of itself naturally, with a very firm but small cicatrix. I had the curiosity to see this woman, and Mr. *Charlesworth*, Surgeon and Apothecary at *Brig* sent for her. She appeared hale, strong, and in full health. I had the above account of her case from her own mouth,

mouth, attested by the surgeon who attended her. I saw the bones of the *Fætus* in Mr. *Charlesworth's* possession, perfectly white, and I believe not one wanting. The woman further told me, that nine months after the wound was healed, she was delivered of another live child at full time, but with great difficulty. The whole time that the bones of the *Fætus* may be supposed to have lain in the woman's belly, was about four years and a half. Thus, Sir, I have drawn up the account as well as I can, but very inaccurately. I have purposely omitted terms of art, in order to make myself better understood by those who are not surgeons or anatomists. There are several particulars in the account, which I cannot reconcile to any natural laws that I am acquainted with. However, as the truth of the whole is incontestible, it shews most evidently, what wonderful things nature can do, with proper assistance.

In No. 486. p. 131. is related a case and cure of a woman from whom a *Fætus* was extracted that had been lodged in one of the Fallopian tubes, sent from *Riga*, by Dr. *James Mounsey*.

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N U M B. II.

Of Miscarriages proceeding from the separation of the PLACENTA, and a Distention of the COLLUM and Os UTERI.

C A S E I.

In the year 1751, a woman in the second month of her second pregnancy, starting out of bed in a surprize, felt something as it were give way, and instantly miscarried, with a large hæmorrhage that soon ceased.

C A S E II.

In the year 1750, I was about nine o'clock at night called to a woman three months gone with child, whom I had formerly delivered. In the morning she had been seized with a flooding in consequence of a fall down stairs; upon which she was put to bed, blooded, and took some tincture of roses with *Syr. e Meconio*, and the discharge abated a little; but returning with greater violence in the evening, a gentleman of the profession, who lodged in the house, prescribed another venæsection, together with styptic medicines, such as the *Tinct. Antiptbific. Alum.* and *Sang. Dracon.* When I arrived, she was exhausted, faint and pale, the *Os Uteri* being close, though she had the appearance of slight pains, that recurred

curred at long intervals. As the danger seemed pressing, and all the common methods had been tried, without success, I took the hint from *Hoffman*, and stuffed the *Vagina* tight with fine tow dipt in *Oxycrate*, which immediately stopt the discharge: I then prescribed an anodyne draught, with five drops of the *Tinct. Thebaic.* and two drachms of the *Syr. de Meconio*, and directed her to drink frequently of chicken-broth. She dozed a little, and between her dozings had every now and then slight pains, though the flooding did not return. Towards morning the pains grew so strong, that the tow was forced through the *Os externum*, together with the abortion, about the size of a goose egg, and some coagulated blood. I have since successfully used the same method in several cases where the flooding was violent. Indeed the strong pressure in the *Vagina* seems to dam up the internal flooding, which, by distending the *Uterus*, brings on labour pains.

C A S E III.

On the eighth of *July* 1744, in the evening, a woman ten weeks gone with child, was taken with slight pains and a flooding. The *Os Uteri* would hardly admit the tip of the forefinger, nor did the opening increase, though the discharge grew more violent at
every

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every pain. The patient being exhausted by the great loss of blood, was directed to take *Pil. Matth. gr. x.* in consequence of which, the pains and flooding abated. Towards morning, she enjoyed some rest and fell into a breathing sweat, and next day was much easier, her pulse being raised, and the discharge having acquired a pale colour. On the tenth, it was no longer of a red hue, and next day, while she sat on the pot, making water, the *Secundines* slipped away without pain, the membranes having been broke, and the embryo almost quite dissolved.

She had twice before miscarried in the third month, and in six months after the last of the two miscarriages, conceived again. As the former abortions had probably been owing to a costive constitution and hard straining at stool, she was blooded six weeks after conception, and the same evacuation, to the quantity of six or eight ounces, twice repeated, at the interval of a month. At the same time she was directed to take frequently at night, *Elect. Lenitiv. ʒij.* or two spoonfuls of the *Ol. Amygdal. d.* mixed with an equal quantity of the *Syr. Violarum*, so as to procure an easy passage every day. By these means she held out to the end of the seventh month, when she was delivered of a child which is still alive. In the fifth week of her next pregnancy, she

was

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was blooded to the quantity of eight ounces : but neglecting to undergo the same evacuation at the period of another month, and being exposed to some severe exercise, she was taken with a pain in her back, of which she was relieved next morning, by losing eight ounces of blood from the arm. However, she happened to overstrain herself again, and the pain returned with a flooding, which occasioned a miscarriage in the fourth month.

C A S E IV.

In *April* 1749, I was called to a gentlewoman who had been several years in a bad state of health, occasioned by frequent collections of matter somewhere about the outside of the *Uterus*, which discharging itself into the *Vagina*, flowed from thence in large quantities. During this complaint she had bore three children, and now was seized with pains about the *Os Pubis*, together with a difficulty of making water and going to stool, which she imputed to her old disorder. She had felt some symptoms of pregnancy, such as sickness and reaching in the morning, but as the menstrual discharge was regular, she could not think herself with child. Nevertheless, the pains increased, and she was suddenly delivered of a child in the beginning of the fifth month, which, though not above four or
five

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five inches long, lived some hours. The *Secundines* did not come away, nor was there any discharge of blood: circumstances which plainly proved that the *Placenta* still firmly adhered to the *Uterus*; and as it was impossible to introduce the hand, I thought it advisable to leave it to come away of itself, especially as the patient was free from pain. A glyster was administered, after the operation of which, she took an anodyne draught of *Aq. Cinnam. ten. & Syr. de Meconio*, and enjoyed good rest that night. But her pulse being rather too low, I prescribed the following draught to be taken three times a day, in order to quicken the circulation.

R *Aq. Cinnam. ten. ʒiſs. Pul. Contrayerv. comp. ʒi. Castor. Sal. volat. succin. ā gr. v. Syr. Croci. q. ſ. f. Haustus. 8va. quaq; horæ ſummend.*

By these a slight fever was produced, on the fifth day a flooding began, and the *Placenta* being separated was easily delivered. The flooding being at first very violent, was restrained by repetitions of the anodyne draught, and before the *Secundines* came away, she received a glyster every night. After this miscarriage, she enjoyed a better state of health than before.

C A S E V.

In *December 1744*, an unfortunate woman of the town miscarried in the fifth month, and

and the midwife, from a mistaken notion, that if the *Placenta* is not immediately delivered, the patient must die, had tried to pull it away with such force as produced a violent flooding, of which she died.

This was likewise the case of another woman, who being delivered in the seventh month, died instantly of flooding, occasioned by a violent separation of the *Placenta*. These instances ought effectually to caution practitioners against using violence, either when the *Uterus* is but little distended, or when the *Placenta* adheres too firmly to be separated with moderate force.

C A S E VI.

In the year 1749, I was called to a woman four months gone with child, on the eleventh day after the eruption of the small-pox. She was then taken with pains, but, being delirious, her case was not known until the nurse observed blood upon the cloaths. I found the *Os Uteri* considerably opened, and the discharge being great, and attended with frequent strainings, I broke the membranes that were pushed down with the waters. This expedient stayed the flooding, the *Fætus* was soon delivered, and had no mark of the small-pox, and the *Secundines* came away in two hours. But the discharge had sunk the pustules.

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tules, which were of the confluent kind, and could not be raised again. She died in a few hours after the miscarriage.

In the *German Ephemerides, Anni Primi*, L. III. p. 139, there is an account of a woman who had the small-pox before she was delivered, and the child was marked with the same disease.

In the *Phil. Transf.* No. 493, p. 233, is the case of a lady who was delivered of a child, on whom the small-pox appeared in a day or two after its birth; drawn up by *Cromwell Mortimer, M. D.*

In the same *Transact.* No. 493, p. 235, are some accounts of the *Fætus in Utero*, being differently affected by the small-pox. By *William Watson, F. R. S.* also at No. 337, p. 165. *Vide Lamotte, Observat.* 129.

C A S E VII.

In the year 1741, I attended a woman who was very much weakened, by a constant draining of blood from the *Uterus* for above four months, which had begun two months after conception. I found her pulse low, her countenance pale, and the whole surface of her body affected with a small degree of an *Anasarca*. She was directed to take hartshorn jellies, with strong red wine; and afterwards being seized with labour-pains, and an increase
of

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of the flooding, I prescribed five grains of *Pil. Matth.* which were repeated every hour, until the pains and violence of the flooding abated. The *Os Uteri* being open, and the membranes pushed down with the waters, these last were pierced with a pair of scissars, and the waters being discharged, the *Uterus* contracted so as that its vessels no longer poured forth their contents, and came in contact with the body of the child, which was delivered when the pains returned. About one fourth of the *Placenta* was then emaciated, and covered with clotted blood, which had taken the form of a white, thick membrane, and lay betwixt it and the *Uterus*; while the rest of the *Placenta* was plump and red, and covered with the fresh grumes of blood. The emaciated part had been separated at the beginning of the flooding, and the other in the time of delivery. The child was alive, but very small, considering it was born in the seventh month.

C A S E VIII.

Communicated in a letter from Mr. *Jordan*,
dated at *Folkstone*, April 26, 1751.

The woman was four months gone with child; had been troubled with slight flooding at times, for the space of three weeks, and miscarried of the *Fætus* about an hour before

Mr. *Jordan* arrived, and he understood that the *Funis* had separated from the *Placenta*, and come along with the child.

The patient was low and faintish, having been very much fatigued by the midwife's trying to extract the *Secundines*: and she had bearing pains that frequently recurred, together with a slight flooding, which, however, was very inconsiderable. He directed her to drink frequently a little caudle, and prescribed an opiate, by which her spirits were recruited, and the pains for the present removed: but these soon returned after she had enjoyed some rest.

Upon examination, he found part of the *Placenta* in the *Vagina*, so that the *Os Inter-num* was kept open: and that part which remained in the *Uterus* adhered so closely to it, that he could not separate it without some difficulty. Immediately after this separation, the woman was eased of her pain; but some time elapsed before she recovered her strength.

Many cases of this kind have occurred in my practice.

When the hæmorrhage was altogether stayed, or continued in small quantity after the delivery of the *Fætus*, the *Secundines* commonly were expelled by the after-pains. But when the woman's strength was in danger of being impaired by the flooding, I always endeavoured

deavoured to bring them away with my fingers; and when these would not reach them, employed the blunt hook for the same purpose: nay, when both these expedients failed, I have restrained the flooding by prescribing opiates from time to time, and afterwards have found it more easily brought away, if it did not come of itself.

If part of the *Placenta* is come down into the *Vagina*, I cautiously avoid separating it from what remains in the *Uterus*, because in that case the *Os Uteri* would contract and retain it for a longer time. Whereas the *Os internum* is kept open and irritated by the protruded part, so as to occasion every now and then a pain which helps to separate and force down the other.

If the *Placenta* lies loose, though kept up by the contraction of the *Os Uteri*, and there are no pains to force it down, I open the *Os internum* so as to admit two fingers, and bring it away with the blunt hook: but even this method has failed, and a draining has continued for several days. I have opened the *Os Externum* so as to introduce my hand into the *Vagina*, and insinuating two fingers into the *Uterus*, have separated the adhesion. Then, if I could not pull down the *Placenta* with my fingers, I have introduced the hook along them, and turning the blunt point above the

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separated cake, extracted it, without further difficulty, taking care all the time, that the point was towards the *Placenta*, and did not touch any part of the *Uterus*. I have tried to extract it with the polypus forceps, but seldom effected the extraction without difficulty, because this instrument takes more room, and is not so easily managed.

There is very rarely occasion for any assistance of this kind, which should never be used, except when the patient is in danger from long, continued drainings.

C A S E IX.

Communicated by the same gentleman.

A woman about five months gone with child, was taken ill with a slight flooding, which was restrained by taking eight ounces of blood from her arm, keeping her quiet in bed, and giving her opiates from time to time. Yet on the least motion, the discharge returned, and in about five or six days, labour coming on, she was safely delivered of the *Fœtus* and *Secundines* by the labour-pains; but it was a long time before she recovered her strength.

C A S E X.

In the year 1729, I was called to a woman who was seized with a pretty large hæmorrhage,
and

and miscarried in the fifth month. The *Funis* and membranes were expelled at the same time, but the *Placenta* remained; and though the discharge abated, a draining of blood continued to weaken her, for the space of three months after her miscarriage, when I was called, and found her pulse low, her countenance pale, and her body emaciated.

Feeling the *Os Uteri* very rigid, but so open as to admit two fingers; I ordered her to be laid in a supine posture across the bed, and gradually dilated the *Os Externum* so as to introduce my whole hand into the *Vagina*. I then tried to dilate the *Os Internum*, but without success. However, my hand being in the *Vagina*, I could now introduce my two fingers so as to feel the *Placenta*, which was strongly compressed by the *Uterus* into a consistence of a scirrhus substance, about the size of a large walnut or pigeon's egg. This I separated all round with my fingers, but as I could not bring it down, I introduced a long, narrow-pointed forceps, which, however did not succeed: finally, I had recourse to the blunt hook, with which I brought it away in three separate pieces. The draining was stopt, the woman recovered, and afterwards bore children. In this case, the *Placenta*, instead of increasing and forming a *Mola*, according to the notion of some old writers,

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was squeezed into a small, round compact substance, almost as solid as a cartilage.

C A S E X I.

Communicated by Mr. Hengeston, in a letter dated at Ipswich, Jan. 4, 1753.

He was called to a woman in the fourteenth week of pregnancy, found her much weakened by a flooding, and was told she had been four and twenty hours in that condition. On touching, he felt the body of the *Uterus* almost even with the *Os Externum*, the *Os Internum* forwards above the *Pubis*, and the *Fundus Uteri* backwards, and close to the lower part of the *Rectum* at the *Os Coccygis*.

The woman lying on her side, he dilated the *Os Externum*, and introducing two fingers into the *Os Internum*, which was a little open, broke the membranes, in hope that by diminishing the contents of the *Uterus*, he might stay the hæmorrhage: but, after having waited fifteen minutes to little purpose, he again introduced his hand into the *Vagina*, and with his thumb in the *Os Uteri*, and his finger pressed backwards against the *Fundus*, he pulled down the first, while his fingers pushed up the *Fundus* above the *Os Sacrum*; upon which the contents of the womb slipped into his hand.

The

The patient recovered, but laboured under a *Prolapsus Vaginae*, occasioned by a former severe labour. She is now again with child, and finding the *Uterus* lying in the same position, he desires my advice, in order to prevent another miscarriage from the preternatural lowness of the *Fundus*, which he apprehends will hinder the *Uterus* from stretching.

I advised him to try to raise the *Uterus* higher, and keep it up with a round pessory, or rather with one of that kind which have necks, and are kept up with straps, tied to a belt that goes round the woman's waist. *Vide* Tab. XXXVIII. I likewise counselled him to bleed her by way of preventing a flooding, if her constitution can bear that evacuation, and to keep her body open.

Mauriceau, in *Observ.* 385, describes a miscarriage from a woman's being too much shaken in a coach.

April 1, 1685, he attended a woman who had miscarried an hour before, of a small child of four months, which he judged, from its corruption, to have lain eight or nine days dead in the womb, before nature of itself expelled it. The body of this *Fœtus* being very small, and quite shrivelled, had, for that reason, very little dilated the internal orifice, so that he had no room for the present, to bring away the after-birth; and therefore left it to
nature,

nature, which did the business twelve hours after. For he judged it better to do so, than to offer violence to the womb, by dilating so much as was necessary for extracting this foreign mass. This misfortune was owing to the woman's being too much shaken and agitated, by always using a very uneasy coach.

In *Observ. 614, March 16, 1691*, we are told he delivered a woman who had miscarried two hours before of a *Fætus* of three months, which had been dead eight or ten days, as appeared by its corruption. The midwife, for want of sufficient knowledge in her business, being incapable of bringing away the after-birth, so excessive a flooding was excited by its retention in the womb, that the woman must have run a great risk of her life, if he had not speedily delivered her of it, and so put a stop to the flooding; after which she did very well.

In *Observ. 694*, we find he delivered a woman of the after-birth of a small *Fætus* of two months, of which she had miscarried three hours before, without any manifest cause: the after-birth being retained in the womb after the expulsion of the *Fætus*, occasioned such a flooding, that the woman had several times fainting fits, from which she recovered as soon as he had delivered her of that foreign mass; for the flux then ceased, and
the

the woman did very well. This was the eleventh child of which she had miscarried.

In *Observ.* 477, *April* 1687, he says, he attended a woman who was near the brink of the grave, it being the third day since she had miscarried of a child of four months, whose after-birth was left intire in the womb; for the midwife was not able to deliver her of it, because of the great difficulty she found, as she told him. Whence that foreign mass, there remaining for three days, had caused a prodigious flooding; and as nature had not yet expelled it, there was no hope of bringing it away but by violence, because the womb was quite closed, when he saw the woman. It turned at length to a most virulent putrefaction, which caused a continual high fever, with two or three exacerbations every day, accompanied with faintings and other symptoms usual on these occasions. But for all these disorders and a bad diarrhœa besides, she recovered her health, after a most grievous and troublesome fit of sickness for five weeks. He had some years before attended the same woman, when she was extremely ill in the like manner, after another miscarriage, where the after-birth had been likewise left behind, the midwife not being able to bring it away, and it was expelled by suppuration like this last.

In

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In *Obs.* 550, *April* 1689, he tells us, he delivered a woman of a male infant, five months and a half grown, who was still alive, though the mother had laboured under a moderate flux of blood, which was almost continual, for the space of two months, increasing at last to such a degree, as to hazard an abortion. In this situation he advised the woman to keep her bed, or at least her chamber, that so she might, if possible, preserve her great belly to the end of the term. But, instead of hearkening to his good advice, she undertook a journey in a coach, which was the direct way to destroy her infant, who lived but half an hour, though the mother was as well after he had delivered her, as if she had lain in at the end of the natural term.

In *Obs.* 292, *Nov.* 7, 1681, he says he attended a woman who had miscarried of a dead child in the sixth month, by being jolted in a coach. Twelve or fifteen days before this accident, she had been too much shaken and jumbled on the road in travelling. This brought upon her, pains in the belly, which lasted all that time, till at the end her waters flowed off in great abundance without any real pain. As the infant presented an arm, the midwife believing at first sight it was the foot, took no care, but drew it out as far as the shoulder, which put the child in a more
unnatural

unnatural posture than it was in before. In this situation of affairs, being ordered to attend the woman, he pushed back the arm into the womb; but all the waters were entirely run off the day before, and the orifice of the womb was too strait, and too dry for him to introduce his hand without violence, in order to turn the child. He judged it more prudent to trust nature with the expulsion of it, than attempt it with a too forcible extraction, plainly foreseeing, that since it was very small, it might easily come away in the same posture it was in, when the womb should be sufficiently dilated; because the woman had already been mother to a child that was full grown, and gone out her term. It happened as he foretold: twelve hours afterwards, nature of its own accord expelling the child, by means of some pains which were excited by a glyster he had prescribed, and which had sufficiently dilated the orifice. But the midwife who stayed to attend her, missing the opportunity, let the womb close itself, and could not bring away the after-birth, which remained six hours longer, after which nature of itself expelled it, as it had done the child; and the woman being thus happily delivered, did very well afterwards. He did not know, but if he had tried to take away the child by force, as he was desired when he first came, the violence

lence he must have used in dilating the orifice, so as to be able to introduce his hand, might have been very prejudicial to the mother; whom he preserved by prudently committing the business to nature for reasons declared above.

In *Obs.* 28, 1670, *Nov.* 10, he tells us he attended a woman six months gone, who for eight days past, had a moderate flux of blood, in which were some clots, occasioned by the shocks of a violent cough, which had enlarged the orifice of the *Uterus* to a finger's breadth. For this reason he told her she would certainly miscarry in a little time, although she felt no pain at present, because he was assured, from the opening of the orifice and discharge of blood, that it was impossible for the agitation of so violent a cough not to accomplish the mischief it had begun. The event answered his prognostic; for the next day the woman miscarried of a child, which lived but a day and an half.

In *Observ.* 164, we find that *April* 21, 1676, he attended a woman who had miscarried three hours before of a dead child of four months. Three weeks before this, she had received some hurt in a crowd at church, from which time she always felt great pains in her belly, and about the ninth day after this accident, began to void a little blood.

From that time, she never felt her infant move, but had the misfortune to lose it without the after-birth, which remained behind, the midwife not being able to bring it away, because the womb closed immediately on the expulsion of the child. Having himself examined whether there could be any means found out to ease this woman, and having discovered, that the orifice of the womb was only open enough to receive one finger, he judged it the safest way at present to trust nature, and postpone the doing her any violence, by endeavouring to extract this after-birth by so narrow an orifice, the remedy, in this case, appearing to him worse than the disease. So he deferred it to the next day, when finding the womb much more dilated, he happily delivered her of her burden ; and though she had at that time a fever upon her, she did very well afterwards.

In *Obs.* 508, he writes that in *Nov.* 24, 1687, he attended a woman who had just before miscarried at the end of two months and a half, of a small *Fœtus* no bigger than a bee, which nature had expelled with a considerable quantity of blood, which had been preceded by a distillation of reddish serosity for several days. When he was called to deliver her of the after-birth, he found the womb was entirely shut, and that there was no way to bring

bring it off but by violent means, which might be more prejudicial to the mother than the relief he could promise her from the extraction would have been beneficial. For this reason he thought proper to trust nature with the business, which was not accomplished till the twelfth day after, the foreign mass lying all that while in the womb, and was then expelled and half suppurated, after which the woman did well.

The principal cause of this abortion, as he supposed, was a great costiveness, in the time of pregnancy, which in this woman was so extraordinary, that she was sometimes fifteen whole days without going to stool. That the great efforts she made to ease herself of excrements, excessively baked and hardened by so long a stay, did, at the same time, very forcibly compress the womb, which might very well be supposed to shake and loosen, and at last expel the newly-conceived *Fætus*, as was the case with this woman, who had miscarried several times before.

The following cases are from LAMOTTE.

Observ. 129, in the year 1687, the small-pox raged in *Valognes*, which was more fatal than general, most of those that caught it dying of it. Among others, a lady of distinction, six months gone with child or thereabouts,

abouts, fell ill with it; all went exceeding well, the fever was moderate, the pustules large, raised and white, when on a sudden she was taken with a convulsion; in less than half an hour the pustules went in, and her whole body turned black and mortified. He happening to be there by chance, gave her a few spoonfuls of wine; some pains followed, and he delivered her immediately of a live child, who died soon after; another convulsion came on, and she died.

Observ. 151. A young woman that lived two leagues off, having reached the fifth month of her pregnancy, found herself ill, as she thought, with the cholic. Her mother sent for him in haste, lest she should be in labour, as she really was, for he found her brought to bed of a child of five months, who was still alive when he came. As the *Placenta* had followed, he left her to the care of her mother. This young woman being again with child some time after, miscarried about the fifth month, and so suddenly, that they had not time to let him know it: she came off as well this time as before. Being a third time with child, she was exceedingly watchful over herself, to do nothing that could produce a miscarriage. He bled her three times in the six first months, and kept her to a very regular moistening diet. She carried her

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child to the seventh month; it lived but a few days. He imagining it was owing to her regularity, that she carried this child longer than usual, she resolved to be still more cautious the next time. To that effect he bled and purged her twice, after getting up from this lying-in. He repeated the bleeding as soon as she was breeding, and kept to it every month. He kept her to a cooling moistening diet, not suffering her to eat any thing roasted or to drink any strong liquor. Whether it was owing to this conduct, or any other reason, she was not brought to bed before the ninth month, and her labour was easy, as it happened also twice after this. But being with child again, and more disordered at the fifth month than she had been in the ninth, in her three preceding pregnancies, she was at six months seized with labour-pains, and the waters came away. She sent for him, and he delivered her in a little while of two little boys, who were alive, but died soon after. He afterwards brought away a large *Placenta* common to both children, and she soon recovered. He has several times since laid her of one child only, whom she has carried her full time, without any inconvenience.

What follows is from GIFFARD.

Case 118. *April 1, 1730.* He was sent for to a poor woman in *Knave's-Acre*, the wife of a smith.

a smith. She was about six months gone with child, and had been seized with a flooding some days before, for which her midwife had lately come to consult him, when he ordered an astringent mixture to be taken, to the quantity of three or four spoonfuls, now and then, and a quieting astringent draught, to be continued every night, in case her flooding did not stop. He likewise desired they would give him an account of her the next day; at the same time telling the midwife that in case it continued, the only means left to save her life was to deliver; but as the method here prescribed had, in some measure, the desired effect for the present, he heard nothing farther for two or three days. Her flooding, however, returning again, her husband came to him, and desired he would visit her; which accordingly he did, and upon examination, found the *Os Internum* not dilated enough to receive the end of one finger, and not easily to be dilated: wherefore he advised a repetition of the medicines before prescribed, and on the next day, the man called again to tell him that the draining continued, but was not so violent; however, as she became weaker, he desired he would see her. He then found the *Os Internum* as it was the precedent day; and, as he could not dilate it with his fingers, he advised a continuance of

the mixture and draught. On the third day, the midwife sent him word that the draining continued, but that the *Os Internum* was dilated somewhat more than the precedent day; which gave him encouragement to hope, that he might dilate it wide enough, to pass his hand and bring away the *Fætus*. Upon his touching, he found an opening large enough to admit the end of three fingers; wherefore he endeavoured to dilate it with his fingers, and stretching them wide from each other, he got in his thumb, and afterwards his whole hand. The first thing he met with was part of the *Placenta* separated from the *Uterus*, and passing his hand by it, he felt the child inclosed in the membranes, and floating in the waters. He readily broke the membranes with his fingers, and passing his hand within them, soon met with a leg, which he drew out, and taking hold of it with a soft cloth, he gently pulled towards him, at the same time advising the woman to assist by bearing strongly down. By this method he presently extracted the *Fætus* whole and entire; he was indeed afraid, as it was very tender, that the limbs would have separated from the body: the *Placenta* readily followed, being before in part, if not wholly, separated from the *Uterus*: the flooding stopped immediately on the delivery.

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Mr. *Giffard* gives a history, in case 157. of a *Fœtus* above six months old, contained in a *Sacculus* without the womb, and protruded through the *Anus*. Vide Extra-uterine *Fœtuses*, Collect. V.

Mr. *Chapman*, in p. 206. gives the case of a child that was delivered at the *Anus* about six or seven months old. There is likewise

An account of an abortion, by Mr. *Monro*, in the *Medical Essays of Edinburgh*, Vol. II. p. 235. And of

Hæmorrhages of the womb, stopped by *Pulv. Stip. Helvetii*. Vol. IV. p. 38.

To these it will not be improper to add some examples from *HOFFMAN*.

In Vol. III. p. 183. *Observ. 1.* we read of a woman fifty years of age, the mother of several children, who miscarried in the third month of her pregnancy, from a violent fright and cold to which she exposed herself. There followed immediately a violent flooding; after this she laboured under an uterine hæmorrhage, which sometimes stopped for a little, but immediately broke out again: her belly swelled, and she had frequent palpitations, which made her suspect her being again with child, till a year had elapsed. The tumor of her belly was sometimes tense and hard, at other times soft, her feet swelled in

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the evening, and she felt a weight in the hypogastric region.

Various carminative laxatives and glysters were in vain administered; but after three days use of the caroline mineral waters, the hæmorrhage stopt, and by continuing to use them, she evacuated a great quantity of viscid matter, both by stool and urine, and the swelling of her belly subsided. Wherefore, she entered the bath, and after once bathing had violent pains and spasms, just like those of a woman in labour, and evacuated from the *Uterus* some flesh-like membranous bodies, commonly called *Molas*, after which she perfectly recovered her health.

In Vol. III. p. 183. *Obs.* 2. we have the case of a young woman of a lax habit of body, who had miscarried four times in the third and fourth months of her pregnancy. Being with child a fifth time, she was blooded in the third month. About her ordinary time of aborting, she found spasms, flatulencies, and compression of her loins and *Abdomen*, such as she was used to have formerly when she miscarried; which, however, were removed by some antispasmodic medicines, by embrocating her *Abdomen* with his *Balsamum Vitæ*, and by the application of toasted bread to the umbilical region. She had some spasms and pains in the seventh month, but kept her bur-
then

then till the ninth month, when she brought forth a live child.

She conceived again, and by being blooded in the third and seventh months, carried her child to the full time.

In *Obs.* 5. p. 185. we find that a strong woman, thirty years of age, who had had two live children, but afterwards suffered six abortions, two in the seventh, and four in the fifth months, being again pregnant, had an uterine hæmorrhage in the third month, and was again threatened with abortion; but by letting blood immediately, the hæmorrhage ceased; by repeating it often, and drinking nothing but pure water, taking some of the testaceous powders, and by applying *Barbett's* saponaceous plaisters, with some of the *Oleum Hyosciami*, to her loins, she brought forth a live child at the full time.

Hoffman imagines the former abortions to have been owing to the woman's being plethoric, and drinking strong wine for her ordinary drink, which she was used to do.

In Vol. II. Sect. I. Ch. V. *de Uteri Hæmorrhagia immoderata*, he relates the case of a woman of a healthy and plethoric habit of body, twenty-eight years of age, and three months gone with child, who was taken with a discharge of blood from the *Vagina*, which continued in a small degree for fourteen days.

But from using too violent exercise, she was taken with a profuse flooding, which threw her into faintings: after trying both internal and external remedies to no purpose, he being called in to relieve the patient in this extremity of danger, immediately stuffed the *Vagina* with tow, dipt in a solution of the *Caput mortuum* of vitriol, by which the discharge was in a very little time stopped; and by corroborating diet and medicines, her strength was recruited. The lint three days after was extracted with great difficulty, from its being matted and concreted with the grumous part of the Blood, on which followed also a small flesh-like substance, with a little uncoagulated blood. By taking proper medicines, with a nourishing diet, the patient recovered, after which she was again pregnant, and safely delivered. He, in that part of his works, where he treats, *De Convulsione Uteri, sive Abortu*, gives ten different cases of abortions; and although his method of prescribing is different from the practice here, yet his intentions of cure are the same. He orders venæsection, when necessary, together with astringents, opiates, corroborating and laxative medicines, according as the exigence of the case requires.

I find in practice, that the flooding commonly diminishes, and frequently stops, when the membranes break, and the waters come off;

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off: though in some, the flooding has continued, and in others, has been immediately carried off by delivering the *Placenta*. This difference shews, that those who run into extremes, either in hurrying off the *Placenta* in all cases, or in leaving its expulsion always to nature, err; for a practitioner ought to vary his method in these cases, as well as in others, according as it shall appear most proper, as in the foregoing cases of abortion from *Mauriceau*.

NUMB. III. CASE III.

Of Marks and Mutilations.

When I desired the woman mentioned in No. II. Case 7. to put out her tongue, that I might examine it, in consequence of her complaining that it was dry and parched, I observed something on the tip of it like a plumb, of a green colour, hard and painful. She told me that when plumbs begin to ripen, it grows larger, softer and less painful, acquires a blue, reddish or purple colour, and she feels an hard grisly substance like the stone in the middle: in winter it shrivels and decreases, and next season resumes the same appearance. It seems when her mother was with child of her, she longed for some plumbs, which she cheapened, but would not buy, because she thought them too dear; however, she

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she had touched the tip of her tongue with one of them, which she afterwards threw down, and by this transient touch the child was affected in the same place.

C A S E II.

I delivered a woman in the eighth month of a child, from the outside of whose little finger of the right hand, hung an excrescence about the size of a nutmeg, resembling one of the small potatoes, that are used for seed, both in the colour, and little indentations on its surface; and some of the women affirmed the mother had longed for that food, before delivery: the tumor dropped off in a few days, in consequence of a ligature tied round its neck: but the child had likewise a superfluous little finger on the other hand, and a supernumerary little toe on each foot.

Notwithstanding these examples, I have delivered many women of children who retained no marks, although the mothers had been frightened and surprised by disagreeable objects, and were extremely apprehensive of such consequences. One woman in particular, when three months gone with child, was surprised upon opening the door, by a beggar's thrusting a bare stump in her face, a circumstance which alarmed her to such a degree, that she made herself and all about her
unhappy,

unhappy, being fully persuaded that her child would be born with the same mutilation; and indeed she could scarce be convinced of the contrary, when she felt the child's arms, after it was delivered.

Shenckius, in *Lib. IV. De Gravidis*, from p. 621. to 625. relates several observations on the strange effects produced from the imaginations of pregnant women, occasioned by different accidents that happen to them in that state.

In the *Phil. Transf.* No. 493. p. 205. is part of a letter from Mr. *Ben. Coke*, F. R. S. concerning a child born with the jaundice upon it, received from its father; and of the mother's catching the same distemper from her husband the next time of being with child.

Vide Ephemerides Ann. Octav. Observ. 46. and 55. Anni 9. and 10. Observ. 23. Decuriæ secundæ Ephemeridarum, Ann. prim. Observ. 40.

Mauriceau, in p. 288. and *Observ. 348.* relates his having delivered a woman of a child, whose head was of a monstrous figure, being all made up of face, as it were, with great goggling eyes. It had towards the Occiput a fleshy mass, almost like the *Placenta*, which seemed to come out of the *Cerebellum* and nape of the neck. The mother had felt this child move in her womb, with more force than her other children; but it was dead

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dead born, it having remained long in the passage, and afterwards been turned. The mother imputed its monstrous shape to her having fixed her eyes stedfastly on the figure of an ape.

Vide *Phil. Transf.* No. 456. p. 341. and No. 461. p. 764.

I have delivered many women who were prepossessed with things of this kind, before delivery, which I have never yet found to happen as they imagined.

I delivered a child lately who wanted all the fingers of one hand, a circumstance which was concealed from the mother for several days: and on asking her before she knew of it, she acknowledged that nothing extraordinary had happened to her during her pregnancy.

COLLECTION XIII.

Of the situation of the child during pregnancy, the signs of conception and premature labour.

NUMB. I.

Of the situation of the child in UTERO.

Vide Vol. I. L. 3. Ch. I. and II.

During a succession of many years, I have been called to women who miscarried in the fourth or fifth month, and generally found the head presenting. In the years 1727, and 1748, I was concerned in two cases where the arms came down, and were forced along double. In 1746, I delivered a woman in the sixth or seventh month, with the waters and *Secundines* unbroke, and there the head presented. In the year 1752, I found the *Placenta* presenting, and being forced down in the *Vagina*, the head pushed it out after the membranes were broke. In the year 1747, a woman in the sixth month was brought to bed of twins, and both children presented with the breech, and were so delivered one after another by the labour-pains.

In the year 1751, Dr. *Hunter* opened a woman, who died near her full time, and found the head presenting: the very next year he had occasion to dissect another subject
of

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of the same kind, and found the child nearly in the same situation. In both cases, according to Mr. *Ould's* allegation, one ear was to the *Pubis*, and the other to the *Sacrum*.

From these subjects, some very accurate, useful, and curious plates, will be published.

Dr. *Camper*, professor at *Franiker* in *Friesland*, opened a woman in whom the child was situated in the same manner; and I myself find the head presenting so, in almost all natural labours.

Dr. *Monro* shewed me, Dec. 1753, some drawings of a subject, which his father had the preceding winter dissected in the public theatre; tables of which are just published in the *Phil. Transf. of Edinburgh*. This was a woman said to be six months gone with child, in whose *Uterus* the *Fætus* lay in a longish form, with the legs and breech to the *Fundus*, the head resting on the brim of the *Pelvis*, and the fore-parts of the child to the back-part of the womb, though turned a little towards the left-side. He observes, that though this *Fætus*, and those examined by Dr. *Hunter*, were found with the head downwards; yet this does not seem to be always the case: for three children appeared with their heads uppermost, and their faces towards the mother's belly, in one woman who died when eight months gone, in another, who believed

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herself at the full time, and in a third, supposed to be in the seventh month, dissected by his father and himself.

Lamotte, in Chap. XXI. Book I. gives three instances of pregnant women, whom he had occasion to open.

In the first, who was six months gone, and died of an apoplexy, the head, hand and feet of the child occupied the inferior part of the *Uterus*, while the back formed a kind of vault, conformable to the shape of the womb, and the *Placenta* was between them.

In the second, who being five months gone fell into a fainting, of which she did not recover, the child lay across the *Uterus* with the legs bent up.

In the third, who died in the sixth month, of a fluxion upon her breast, attended with a continual fever, the child's legs and buttocks were towards the bottom of the *Uterus*, and the head downwards, as in natural labours.

Vide Tab. 6, 7, 8, and 9.

From Dr. *Garrow*, dated *Barnet*, Feb. 4,
1754.

SIR,

The few following remarks I lately made on opening the body of a young woman just dead, of a flooding, in the beginning of the eighth month.

I. The

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1. The *Uterus*, distended by the waters, *Placenta* and *Fœtus*, appeared pretty much of an oval figure, prominent in the middle, and gradually flattening towards each side.

2. The *Fundus* reached rather above the middle space between the navel and *Scrobiculus Cordis*, pressing up the *Omentum* and *Intestines*, so as to make it easily appear, why umbilical ruptures are less troublesome to women in the last months of pregnancy.

3. The thickness of the *Uterus* was about a quarter of an inch, as near as I could guess, without measuring.

4. The child lay on its left side, the head presenting, consequently the face and fore-parts turned towards the mother's right side; though not directly, but rather inclining towards the *Os Pubis*.

5. The *Placenta* adhered to the *Os internum*, nearly by its middle, or thickest part; in which part, I perceived a laceration upwards of an inch long, and penetrating almost through the substance of the *Placenta*.

6. There was not the least appearance of blood in the navel string, except a few drops just by the child's belly: and I believe the whole quantity in mother and child, at that time, was very inconsiderable, but I had no opportunity of examining further.

N U M B.

N U M B. II. C A S E I.

Of the Signs of Conception.

In the year 1747, I visited a woman who was attacked by a superpurgation in the third month of her second pregnancy, and dreaded a miscarriage. I prescribed opiates, by which her disorder was immediately restrained; but I could not distinguish the period of her gestation, by the touch in the *Vagina*, because the *Uterus* moved easily up and down. She had undergone a regular discharge of the *Catamenia* in her former pregnancy, and in this they had twice appeared; but her sickness at stomach and reaching, which she had before experienced, were the symptoms from which she concluded herself with child. The looseness was soon stopt, and she felt the motion of the *Fætus* in about six weeks, when the other disorders abated. Vide Tab. VI.

C A S E II.

In the same year, I was consulted by another patient, who had a regular discharge of the *Menses*, without reachings; but suspected herself of being pregnant, by feeling a greater fulness about the third month. This, she supposed, might proceed from the bulk of the *Uterus* which kept up the intestines; and in five or six weeks after, her suspicion was justified by the motion of the child.

C A S E III.

In the year 1742, I was consulted by a midwife about a woman supposed to be in the eighth month of her pregnancy. I was told she had been seized with a flooding, and in danger of miscarrying in the fifth month, when a gentleman of the profession was called, and used the common methods of restraining the discharge. This happened twice after, and bleeding with restringents were as often repeated. The midwife, observing that the patient was not so big as she expected to find her at that period, desired me to examine, and I proposed that the other gentleman should be called to the consultation; but was given to understand, that he was dismissed, and would never be employed again in the family. The *Os Internum* was smooth, and with my finger in the *Vagina*, I could easily move the *Uterus* upwards, and from side to side, while the lower part of the *Abdomen* was perfectly soft: from these observations, I declared, that if she was at all pregnant, she could not be above three or four months gone; and she assured me, that if she was not in the eighth month, she could not be with child at all. I then concluded, that she had been obstructed four periods, and that the return of the *Menses* had been mistaken for a flooding; and this was certainly the case; for she continued

nued regular, without any other symptom of pregnancy. The gentleman, who at first attended her, had a few months before this occasion affirmed, that he could at any time discover, whether or not a woman was pregnant, and tell the period of her gestation within eight days of the exact truth.

C A S E IV.

Some years ago, I was solicited by the midwife of *Mary le Bon* work-house, to go thither, and see a girl about twelve years of age, supposed to be eight months gone with child, who was sent by the overseers of the parish, to lie-in at the house. She told me that several gentlemen of the profession, as well as midwives, had examined her; that one of them had offered to deliver her *gratis*; and some others had made great interest to be present at the occasion. I accompanied the midwife, and first of all examined the external parts, when finding the passage so small, that I could not introduce the tip of my little finger, I made no hesitation in declaring, that she had never conversed with man. I found a large swelling betwixt the *Scrobiculus Cordis* and the navel, which appeared to be the liver very much enlarged. The *Uterus* it could not be; for I pushed my fingers quite below it, and pressed in the parietes of the *Abdomen*, al-

most to the *Vertebræ* of the loins. The girl had been advertised, and the matron had got money from numbers who went to see her; and notwithstanding my declaration, the farce was carried on, until people began to suspect the deceit, when she was sent to one of the hospitals, for the cure of her hepatic disorder.

C A S E V.

I was called by a lady, to prescribe medicines for a favourite maid, who was obstructed; and from whose florid countenance, I immediately suspected there was something extraordinary in the case: for women troubled with simple obstructions of the *Catamenia*, are commonly in the sixth month of the obstruction, of a pale, bloated complexion. With great difficulty she was prevailed upon to let me examine the state of the *Uterus* by the touch, when I plainly felt the stretching of the womb in the *Vagina*, as well as the circumscribed tumor a little below the *Umbilicus*. By which circumstances, I was certified of her being six months gone with child.

In many cases, however, when the woman is fat, it is impossible to judge from this stretching, till about the seventh or eighth month.

Lamotte, in Chap. XI. Book I. gives several cases on the infallible signs of pregnancy,
in

in the last four or five months of uterine gestation.

Schenckius, in *Lib. IV. de Conceptione*, p. 617, compiles from different authors, several observations of young girls, who have conceived and bore children at the age of eight and nine; as well as of women pregnant after the age of threescore.

Hildanus, *Cent. 2. Observ. 60*, mentions a girl of eleven who had the *Menses*; and in *Obs. 61*, affirms, that this discharge continued in a woman to the age of seventy-eight.

In the *Memoirs* of the academy of *Sciences* at *Paris*, H. 1710, p. 16, we find an account of a woman aged eighty-three, who married a man of ninety-four, and was brought to bed of a boy at the full time.

N U M B. III. C A S E I.

Of premature LABOUR.

In the year 1728, a woman imagining she had gone her full time of a first child, sent for the midwife, who had attended her three days, when the husband came and desired me to order some medicines to quicken the pains, or if I thought it more necessary, to go and see his wife. When I went to his house, I found the midwife at work in stretching the parts, and, to use her own phrase, in making room for the child to pass. I sat down to

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wait for a pain during which I might examine, but nothing of that kind happening, I introduced my finger into the *Vagina*, and felt the *Uterus* quite light, without the least distension, nor was any stretching perceivable in the *Abdomen*. *Vide* Tab. V. I then declared, she was either not at all pregnant, or very young with child, to the astonishment of all the women, who could scarce believe that the midwife, who was not a young beginner, could be so far mistaken. For their satisfaction, I desired they would send for another midwife, who confirmed my declaration. The woman had never been regular in her *Menses*, of which but a little appeared at a time, and that seldom, and this small evacuation, in all probability, proceeded from her having been weakened by large discharges from scrophulous ulcers. However, in eight months after this period, she was delivered of a full grown child; and in all likelihood, the uneasiness of which she complained, when I was called, was no other than breeding complaints.

C A S E II.

In the year 1744, a young practitioner in midwifery, having attended a patient all night, sent for me in the morning, and told me that the *Os Uteri* was a little opened, that
the

the membranes were broke, and the head presented ; that the woman had slight pains, and he had tried to stretch the parts to no purpose. Upon examination, I found the *Os Uteri* open to the breadth of half a crown, but thick and rigid ; and after having waited some time, observed, that the pains were slight and seldom recurred. This was her first child, and according to her account, she wanted three weeks of being at the full time.

I told the gentleman, that in my opinion, this was not real labour ; and that the pains had been brought on by a looseness, with which she was attacked the preceding day. In consequence of my advice she was bled (her pulse being quick) and took an opiate, which carried off the pains : though in three weeks the real labour came on.

C A S E III.

In the year 1749, I attended a woman come to the full time of her first child ; she had for three days been subject to slight pains, which recurred every now and then : the *Os Uteri* was a little opened, but thick, and as the head presented, though the membranes had broke too soon, I resolved to allow some time for dilating the *Os Internum* : I therefore prescribed venæsection, a glyster and opiate, in consequence of which, she enjoyed a good

night. But after I was gone, it was imagined, I wanted to protract the case, and a call was given to a midwife, who affirmed, that had she been sent for at first, the patient would have been delivered before this period. The slight pains, therefore, no sooner returned, after the effect of the opiate ceased, than she began to stretch the parts, and fatigued the woman so much, that they thought proper to call me again in the evening; when finding the pains inconsiderable, and the *Os Uteri*, though more dilated, still rigid, I ordered the opiate to be repeated; and next day the pains growing stronger, she was safely delivered.

C A S E IV.

In the year 1753, I was, about six in the morning, called to a woman in her first pregnancy. The membranes were broke, the *Os Uteri* was considerably opened, but the child's head being large, rested above the brim of the *Pelvis*, (Vide *Tab. XII.*) while the *Vagina* and *Os Externum* seemed very narrow and rigid. The midwife had fatigued the patient, by putting her in several different positions. Her skin being hot and dry, and the pulse full and quick, she was blooded to the quantity of ten ounces; a glyster was injected, and after its operation, she took a draught
with

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with twenty drops of the *Tinct. Thebaic.* and two drachms of the *Syr. de Meconio*, which composed and threw her into a plentiful sweat. I was called again at night, when I found the midwife had persisted in fatiguing her; the head was advanced to the middle of the *Vagina*, but the parts below were still very tight. I ordered the opiate to be repeated; she enjoyed good rest, and the parts being gradually distended, she was delivered next morning.

COLLECTION XIV.

Of Natural Labours.

NUMB. I. CASE I.

Of the Os INTERNUM opened by the waters
and membranes.

Vide Tab. X. and XI.

In the year 1748, I was bespoken to attend a woman in her first child, and received a call about the middle of the ninth month, when she complained of pains in her head and back, and I understood she was costive, and troubled with a *Tenesmus*, which she mistook for labour-pains. After having felt her pulse, which was quick, sat by her some time, and put the necessary questions to the nurse, I directed the patient to lie down on the side of the bed, and a quilt being thrown over her, placed myself behind, in order to examine. I found the *Os Internum* soft, but not open (*Vide* Tab. IX.), from which circumstance, I declared she was not in labour; then I ordered her to be bled to the quantity of eight ounces, and a glyster being injected, she was relieved of her complaints. In a fortnight after this visit, I was called again, and found the labour begun; the *Os Uteri* was exceeding thin, and open to the breadth of half a crown, the membranes,

1

with

with the waters, were pushed down by every pain, and the child's head rested upon the upper-part of the *Os Pubis*. For three or four days, she had been subject to slight pains, which returned at long intervals, then they became more frequent, recurring every two hours, and by that time I was called, they had grown stronger and came faster. As she was still costive, I prescribed an emollient glyster, by which the indurated *Fæces* were discharged, and then the labour proceeded in a slow and kindly manner, the membranes gradually opening the mouth of the womb. I did not confine her to any particular position, but allowed her to walk about, and undergo her pains, either sitting or lying in bed. The membranes having fully opened the *Os Internum*, and being pushed down in a globular form to the lower part of the *Vagina*, gave way during a pain, while she stood leaning on the back of a chair, a large quantity of waters was discharged, and the child's head sunk down into the *Pelvis*. This was her first child; she was of a strong constitution, and the external parts were very tight; so that I would not put her to bed, until the head should have come lower down, and gradually opened the *Os Externum*. But these parts being pretty well distended, and every thing fast approaching towards delivery, she was put

put to bed, which was prepared by the nurse, and laid on her left side : at every pain the head advanced farther and farther, the remaining part of the waters was gradually forced down, so as to lubricate the parts : I then plainly felt the ear of the child at the *Pubis*, the hind head at the lower part of the left *Ischium*, the *Lambdoidal Suture* crossing the end of the *Sagittal*, and the *Fontanelle* on the other side, higher up in the *Pelvis*, at which part the *Sagittal* was likewise crossed by the coronal *Suture*. As the head advanced, the *Occiput* was turned in below the *Os Pubis*; the soft parts of the mother, backwards, were protruded in form of a large tumor, the *Os Externum* was widened more and more, the *Perinæum* lengthened to three fingers breadth, and the fundament to two : the crown of the child's head turned gradually upwards towards the upper part of the *Labia*, the forehead being backwards at the lower part of the *Sacrum* and *Coccyx* : advancing still, the back part of the neck was felt below the *Pubis*; then the *Perinæum* being stretched to four or five fingers breadth, very tense and thin, I applied to it the flat part of my hand, during each succeeding pain, in order to prevent its being torn, and let the head be delivered in a slow manner, by rising up with an half-round turn below the *Os Pubis*. The same pain

that delivered the head, forced down the shoulders, which I helped easily along with my fingers placed towards the armpits. I kept the child, after it was delivered, under the cloaths, until it began to breathe and cry; then I tied and divided the *Funis*, put a warm cloth round the head, and wrapping it in a receiver, gave it to one of the assistants. The *Placenta* was gradually forced down into the *Vagina*, and extracted by pulling gently at its lower edge, and at the *Funis*. The child was a strong, healthy boy, and the mother recovered to my wish.

I have given a particular detail of this case, in order to make young practitioners acquainted with the common method of acting in natural labours, these being the circumstances that usually occur to an healthy woman, in bearing her first child. Some slight pains recurring now and then for some days before the real labour, are of advantage in slowly and insensibly dilating the *Os Uteri*; so that when the pains grow stronger, the delivery is the sooner effected. The *Os Internum* is very different in different women, with regard to the thickness and rigidity, and in proportion to these, requires more or less time for the dilation. In forty-nine cases out of fifty, the membranes break after the *Os Internum* is fully opened, so as that they are protruded
into

into the middle or lower part of the *Vagina*; After these are broke the pains frequently abate, for a shorter or longer time, and then growing stronger, the child's head is forced lower down, and the forehead turns gradually from the *Ischium* into the hollow of the *Sacrum*. Time should now be given for the *Vertex* to open the *Os Externum*, and this is most safely effected by slow gradual pains; for there is seldom occasion to lubricate or use other means for stretching the parts. Indeed, in natural labours, almost our whole business consists in encouraging the patient, and preventing the *Fourchette* or *Frænum Labiorum* from being torn, when the head is protruded through the *Os Externum*. For although it is commonly said, that such woman was laid by such a person, the delivery is generally performed by the labour-pains; and, if we wait with patience, nature of herself will do the work. We ought not, therefore, to fatigue the patient by putting her too soon in labour, according to the common phrase, but to attend carefully to the operation of the pains, and in most cases we shall have nothing else to do but receive the child.

C A S E II.

In the year 1743, I delivered a woman in the beginning of the seventh month, of her
third

third child. Her husband had died suddenly about twenty days before, and upon that occasion, she had felt the child move with great violence, and this was succeeded by a kind of tremulous motion, after which she never felt it stir. On the nineteenth day after this accident, she was taken with a looseness, which brought on labour-pains; the membranes broke when the mouth of the womb was fully opened, and she was immediately delivered of a dead child, which passed easily along, though its *Abdomen* was much swelled.

NUMB. II. CASE I.

Of the *Os Externum* opened by the Membranes.

In the year 1742, I was called to one of the poor women whom my pupils were to attend, and examining in time of a pain, I found the waters had pushed the membranes through the *Os Externum*, in a large, round, globular figure. When the pain abated, and the membranes became lax, I could easily with my finger feel the child's head at the lower part of the *Vagina*. I desired her to lie down with her breach to the bedside, and be covered with a quilt. The pains which were strong, returning at short intervals, forced the membranes and waters with the child's head through the *Os externum*; even the shoulders

shoulders and part of the body were delivered before the breaking of the membranes, which then gave way, tearing all round from the edge of the *Placenta*, and remaining upon the head and body of the child, which could not breathe until I had stripped them off. The woman had bore children before this labour, the *Pelvis* was large, the child come to its full time, and of an ordinary size, but the *Placenta* came off with difficulty. I understood she had not undergone above six pains when I arrived, and before the pupils could have notice to come she was delivered. She expressed great joy when she knew the child was born with a cawl, which she dried and carefully kept, in full persuasion, that her child would never suffer extremity either by sea or land, while it remained in her possession.

C A S E II.

In the same year, I was called to another poor woman, whom I delivered by myself. The membranes, waters and head, were protruded through the *Os Externum*, while the patient stood leaning on the back of a chair: then the membranes breaking, were torn all round before the shoulders were delivered, and remained sticking on the head: the same pain broke it forth the body of the *Placenta*, and I arrived just in time to prevent the child's falling on the ground.

C A S E

C A S E III.

In the year 1746, I attended a person who fell in labour in the latter end of the eighth month: she had formerly had quick labours, and now the pains were strong and frequent. The membranes and waters had opened the *Os Externum*, and the head of the child was low down, though it did not advance in proportion to the protrusion of the membranes, which, at last, were forced down about the size of a child's head, without the *Os Externum*. While the head was retarded in this situation, the weight of the waters stretched down the membranes, and formed the appearance of a large bag, narrow at the upper part, which I pulled away, and threw into a basin. In three pains more, she was delivered of a child, which had been dead eight or ten days, with a swelled *Abdomen*, which had retarded the birth.

C A S E IV.

In the year 1748, I was called, in a great hurry, to a gentlewoman in labour of her first child, in the beginning of the seventh month: but, before I arrived, the membranes, with the *Placenta*, waters and child, were delivered all together, and put in a basin by the nurse, so that I found the membranes whole, and the child swimming in a great quantity of

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water. Without remembering to search for the *Allantois*, I opened them in a hurry, and perceived that the child had been dead ten or fourteen days.

C A S E V.

In the same year my assistance was demanded for another patient, come to the full time in her first child: the labour was slow; but, by degrees, the waters and membranes opened the *Os Internum* and *Externum*, without breaking, and the woman was delivered of a dead child, whose belly was swelled.

C A S E VI.

In the year 1751, I delivered a woman in the eighth month, whose *Os Externum* was opened by the membranes and waters, which were pushed out a great way: the child's head was likewise partly protruded, but yielded a very uncommon feeling to the touch, as if there had been another set of membranes and waters, within which, I thought, I felt the loose bones of the skull. When I broke the membranes, I felt the hairy scalp, and discovered an *Hydrocephalus* in the child, which was soon delivered, and lived some days, though, from its continual moaning, it seemed to be in great agony. *Vide Collection XLIII. No. 13.*

Besides

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Besides these, I have assisted in a great number of cases, where the membranes have opened the *Os Externum*, and the head has been delivered before they broke. Indeed, in all natural labours I wait for this operation, which renders the passage for the child much more easy: and I never tell the good women whether or not the membrane remains upon the child's head, that they may not have an opportunity of indulging an idle superstition.

Of the *Os Internum* opened by the child's head and membranes. Also of the *Os Externum* opened in the same manner.

Vide Tab. XIII.

NUMB. III. CASE I.

In the year 1747, being called to a woman in labour of her second child, I felt the mouth of the womb largely open, and the midwife said that the membranes were broke. This declaration had alarmed the women, who entertained an idle notion, that if she was not immediately delivered, she would lose her opportunity; and indeed this apprehension was the cause of my being employed. After she had undergone two or three pains, I found that the head gradually increased the dilatation of the *Os Internum*; that the membranes were not yet broke, and that the midwife had certainly mistaken a small discharge of urine for

the waters. I then assured the patient that she was in no danger; and that, even though the membranes had been broke, the delivery ought to be left to the labour pains: in consequence of which, the head was soon forced down into the middle of the *Pelvis*, and the *Os Uteri* being fully dilated, I felt the membranes very smooth. Another pain forced the head down to the lower part of the *Pelvis*, when the membranes splitting upon the head, I could plainly distinguish the hair of the scalp; and the patient was, in a little time, safely delivered by the midwife. I could feel no waters during labour, and there was only a small quantity discharged, when the body was delivered.

Both before and since this occasion, I have been concerned in many cases of the same nature, which generally prove easy and successful, and happen when the child is surrounded by a small quantity of water. I have been sometimes puzzled to know, whether or not the membranes were broke, until the head came so low down, that I could easily introduce the fore and middle fingers, and feel the hair of the scalp. However, this uncertainty is of no consequence in such easy labours: at other times, I could feel no waters, until the head descended low down, and then I have
perceived

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perceived them protruding the membranes at the back part of the *Pelvis*.

Vide Tab. XIV. and XV.

C A S E II.

In the year 1745, I attended at a labour in which the child's head came down in the same manner as that described in the preceding case: the child was small and came easily along; but I could feel no waters, nor did the membranes give way until the head was delivered. In other cases where there was little or no water, the membranes generally broke sooner.

N U M B. IV. C A S E I.

Of a small child or large *Pelvis*.

In the year 1749, I was called to a gentlewoman who had bespoke my attendance, in consequence of her having been formerly subject to lingering labours, from the large size of the child, and the smallness of the *Pelvis*; but, before I could reach the place, she was delivered; and this uncommon facility proceeded from the very small size of the child, which was born four or five weeks before the end of her reckoning.

C A S E II.

In the year 1751, my attendance was bespoke for a woman in her first labour, by her friends, who were afraid it would be difficult,

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because she was pretty much distorted, had been sickly during pregnancy, and took but very little nourishment. For two or three days, she had been subject to slight pains, but when they became stronger, I was suddenly called, and when I reached her house, found the child coming into the world. It was very small, the *Pelvis* of a middling size, and the *Os Uteri* was pushed down without the *Os Externum*. The suddenness of the delivery occasioned an inflammation of the mouth of the womb, which abated in consequence of her drinking plentifully of diluting liquors: yet, after the ninth day, she complained of great pain in that part when she sat up, but was tolerably easy while she lay in the bed. For this reason, I prescribed a longer term of confinement than is usual, and directed a sponge dipt in warm claret to be put up in the *Vagina*, and this application to be repeated several times in a day. By these means the complaint vanished about the end of the month.

C A S E III.

About six or seven years ago, I was called to a patient on the thirteenth day after delivery, who laboured under the same complaint which I have described in the preceding case, and which was likewise the consequence of sudden

sudden delivery. The *Pelvis* was large, and the *Os Uteri* being swelled and painful to the touch, I ordered her to be confined to her bed. The family-physician being consulted, it was agreed that she should drink plentifully of weak cawdle, chicken-broth, and for a change, barley-water, in order to promote a diaphoresis; and that equal parts of the emollient decoction and *French* claret should be applied in the *Vagina*, with a fine linen rag. For many days the pain always returned when she rose from bed, till one night being told the child was very ill, she ran up to the nursery in a hurry, and this motion entirely carried off the complaint.

I have been concerned in many cases, where the women suffered, though not to such a degree, when the labour was precipitate, the child small, or the *Pelvis* large.

Many women have bespoke my attendance, and notwithstanding all my expedition have been delivered before I could reach the place. One woman in particular bore five children so suddenly, that although I lived in her neighbourhood, and happened always to be at home, I never could arrive time enough to assist her, except in her first child.

COLLECTION XV.

Of lingering or tedious LABOURS.

NUMB. I. CASE I.

From the rigidity of the membranes when pushed down with the waters.

In the year 1743, about seven in the evening, I was called to a patient whose pains were pretty strong. The mouth of the womb was largely open, the head presented at the upper part of the *Pelvis*, and, as usual, rested against the superior part of the *Os Pubis*; and during every pain, a small quantity of the waters pushed down the membranes at the back part of the *Pelvis*. I waited to see if the child's head would advance, and though the *Os Internum* was fully open, would not venture to break the membranes; because when I attended her at the birth of her first child, in the preceding year, the labour was lingering and tedious from the large size of the head, even though it had advanced farther, and the membranes were broke. I was therefore loth to break them, until the head should come lower down; and she continued without any sleep or rest, subject to pretty severe pains at the interval of five or six minutes, till about seven in the morning, when, in spite of all my care to prevent her being fatigued, and

and the encouragement of the family-physician who was present, her spirits began to flag, she exclaimed she should die before delivery, and the friends seemed to be anxious and uneasy about her situation. During all this time, the head had not advanced in the least, nor were the membranes with the waters farther pushed down. I introduced my finger into the *Vagina*, and after two or three unsuccessful attempts, burst them during a strong pain, by which means a large quantity of waters was discharged, and the head forced down to the middle of the *Pelvis*. This being effected, she was soon delivered of a fine child, though smaller than the former.

C A S E II.

In the year 1745, about three in the morning, I was called by a midwife to a woman in labour of her first child. I understood that the pains had been strong and frequent, and that the friends being uneasy, recourse was had to my advice and assistance. I examined during a pain, and found the mouth of the womb open to about the breadth of a crown-piece, though the *Os Uteri* was pretty thick and rigid. She had been fatigued by walking, and undergoing her pains standing, and in various other positions, had enjoyed little or no rest for two nights, and was very costive.

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costive. I prescribed an emollient and laxative glyster, after the operation of which, I again examined during a pain, found the *Oc Internum* much in the same condition, the membranes being strongly pushed down with the waters. When, upon the pains abating, the membranes became lax, I felt the child's head, which being touched by the finger, swam up and returned: a circumstance that plainly proved there was a great quantity of waters. I assured the patient and her friends, that the child presented fair, and that there was no apparent danger; then I advised the midwife to put her to bed, without exposing her to any further fatigue, or desiring her to force down, except when compelled by the pains; and in case she should not otherwise enjoy some rest, I prescribed the following draught,

R *Aq. Alexit Simp.* ʒxiv *Tinct. Thebaic* gt. xv.
Syr. e Meconio ʒij. m.

And directed her to drink frequently of weak, warm cawdle, to promote a diaphoresis. Next evening I received another call, when the midwife gave me to understand that she had taken the draught, in consequence of which she had enjoyed refreshing rest and a plentiful sweat, altho' she had been frequently waked by the pains; and she told me that the membranes were not yet broke, although the mouth of the womb had been fully opened

for four hours. When I examined, I found the membranes pushed down with a large quantity of waters, to the lower part of the *Vagina*, and when the pain abated, felt the head pretty low. It still moved easily up and down, whence I concluded that either it was small, or the *Pelvis* not narrow: yet as this was her first labour, I waited two hours, in hope that the membranes would advance farther, and open the *Os Externum*; but they remaining in the same situation, I imagined their rigidity retarded the delivery, and breaking them in this persuasion, the child was soon delivered.

C A S E III.

In the year 1745, I was, early in the morning, called by a midwife to a woman who had been four and twenty hours in labour of her first child. I found the mouth of the womb largely open, the waters pushing down the membranes in a large globular figure, and as the violence of the pain abated, I felt the head of the child resting at the upper part of the *Os Pubis*. The midwife told me the patient had been in that condition several hours, but that she was afraid of breaking the membranes too soon, because she suspected that the woman was a little distorted and the *Pelvis* narrow: however, the friends
being

being concerned at her being so long in labour, and a discharge of blood supervening, she had thought it necessary to ask advice. After having twice again examined during pains, and maturely considering the case, I concluded that delivery was retarded by the rigidity of the membranes which seemed to be thicker than usual; for, as the child's head swam up from the touch and returned, it was plain that it could not be engaged, and that there was a great quantity of waters. Though she had not, to all appearance, lost above twelve ounces of blood, yet as the discharge seemed to increase, I broke the membranes during the next pain, a large quantity of waters was discharged, and the child's head was forced more backwards, towards the upper part of the *Pelvis*. I likewise felt the *Os Internum* loose and soft; and as it was no longer kept on the stretch by the membranes and waters, she became perfectly easy, had no pains for a long time, and the flooding entirely ceased. Before the membranes were broke, she had felt a strong propensity to sleep, which the pains prevented; but now I ordered her to be undressed, put naked in her bed, and kept quiet, that, if possible, she might enjoy some natural repose. She accordingly rested and was refreshed. As for the blood she had lost, she was rather benefited than injured by the discharge,

discharge, for she had for some weeks complained of drowfiness, fulness in her eyes, with pains and giddiness in the head, which were now removed, insomuch that she declared herself much more light and easy. I desired the midwife to indulge her in her repose, and when the pains should return, to let the labour proceed in a slow and easy manner, allowing time for the head to stretch the *Vagina* and external parts; and I told her, that the patient being strong and healthy, nothing else was necessary, but that she should frequently drink weak cawdle, broth or barley-water, to encourage and support a plentiful perspiration. I was afterwards informed, that she slept several hours, and upon the return of the pains was safely delivered by the midwife.

C A S E IV.

In the year 1750, I attended a gentlewoman, though not in labour of her first child, who suffered all the complaints described in the preceding case, except the flooding. By my advice, she lost eight ounces of blood, and was immediately relieved: but the labour being retarded by the rigidity of the membranes, though the child's head was pretty far advanced in the *Pelvis*, they were broke, and in two or three pains after, the woman was delivered.

N U M B.

NUMB. II. CASE I.

From the rigidity of the membranes when not protruded by the waters.

In the year 1745, I was, about four o'clock in the morning, called by a midwife, to a woman whom she had formerly delivered with ease: but now she had been in strong labour for many hours. She said, the waters had been draining off for the space of three hours, and she had every pain expected the delivery, which she supposed was retarded by the child's being large and dead. I found the child's head about two thirds down in the *Pelvis*, and during every pain, perceived the discharge of a very little water, which I at first mistook for those of the *Uterus*. But, upon the cessation of a pain, raising the head a little with my finger, I observed a large quantity was discharged from the bladder; and when I felt for the hair of the scalp, I found the membranes smooth and unbroke. I again raised the head, that the patient might discharge more urine, and then the membranes split. By the next pain, the head was forced down to the *Os Externum*, and in a very little time the child was delivered.

CASE II.

In the same year, I attended a woman in labour of her first child, and could feel no
waters,

waters, though the head and membranes had gradually opened the mouth of the womb, and were forced down to the middle of the *Pelvis*; where, however, they remained near two hours. As I could insinuate my finger all round the under part of the child's head, felt the ear at the *Os Pubis*, and distinguished the *Sutures*, I concluded that the head was not large, nor the *Pelvis* narrow; but that this delay must proceed from the rigidity of the membranes. These, therefore, during a pain, I endeavoured to wear thin, by rubbing them with the edge of my nail, which was smooth and short: accordingly, in time of the next pain, they split upon the head, which was immediately forced down to the *Os Externum*, and this being gradually dilated, the child was delivered.

I have been concerned in many cases of the same kind, where labour was retarded by the rigidity of the membranes; but as I have frequently known tedious and lingering cases proceed from too much precipitation in breaking the membranes, I chose rather to err a little on the other extreme, provided the patient is in no danger from weakness or flooding.

NUMB. III. CASE I.

From the membranes breaking too soon.

In the year 1743, my attendance was bespoken to a patient who was very fat and unwieldy. She had been taken with some very flight pains, and the membranes breaking, a great quantity of waters was discharged; upon which being called in a great hurry, I found the mouth of the womb open to about the breadth of a six-pence, and thin, though rigid. She had been, five years before, delivered of a child which followed immediately after the rupture of the membranes, and she now expected the same expeditious delivery. I told her, that there was a great difference between that labour and this, occasioned by the long interval, by her present corpulency, and the precipitate discharge of the waters, which might render the case more tedious; though, as the pains were trifling, and the child presented fair, I encouraged her to exert her patience, to banish all anxious thoughts, and avoid all manner of fatigue; and as she was costive, I prescribed a glyster, which had the desired effect. After this period, she continued three days and three nights in a lingering kind of labour, before the mouth of the womb was sufficiently dilated; so that I was obliged to give her an opiate every evening, and direct her

her to reserve her strength by lying mostly in bed. The *Os Internum* being fully opened, the pains grew stronger, and she was soon delivered of a very small child.

C A S E II.

In the year 1745, I was called to a poor woman, who had been two days in labour of her third child, and found the *Os Uteri* open to about the breadth of a shilling, the lips being thick but soft; the membranes were broke, the child's head rested at the upper part of the *Pelvis*, and the patient laboured under a looseness, which probably had brought on some slight pains. She had been attended by a person of no education or practice in midwifery, who finding the membranes broke, imagined it was his business to promote the delivery with all possible expedition; and with that view, fatigued the patient excessively, by ordering her to walk about and bear down with all her force at every considerable pain.

The woman being quite exhausted, I directed her to be put to bed and kept quiet, and leaving a gentleman and midwife, who at that time were my pupils, I desired them to give her five grains of the *Pilulæ Saponacæ*, and repeat the dose once or twice, if there should be occasion. By these means, she was

freed of pain, procured rest and recovered her exhausted spirits. She continued easy for two days, except in time of some slight pains, which every now and then recurred, and during which a small quantity of the waters continued to be discharged: but on the third night, the pains increased, the *Os Uteri* became softer, and was more and more dilated by the child's head. This, advancing, plugged up the parts, so as that the dribbling of the waters ceased, and in a very little time the woman was safely delivered.

C A S E III.

Soon after this occasion, I was called to a labour by a gentleman of a very little experience in the practice of midwifery, who taking me aside, told me he was just going to deliver a woman whom he had attended a night and a day; and that, as his character was not established, he thought it adviseable to have a person of the profession present. Indeed I was struck with his apparatus, which was very extraordinary, for his arms were rolled up with napkins, and a sheet was pinned round his middle as high as his breast. His intention was to turn the child and deliver footling; and he desired me to examine the woman, that I might satisfy the friends of the necessity he was under to take this step

immediately, for the preservation of the mother and the fruit of her womb. I felt the *Os Internum* open to the breadth of a crown-piece, and the head presenting, and after having fully informed myself of every circumstance necessary to be known, I concluded that the labour had been rendered tedious from the premature rupture of the membranes. I then gave the gentleman a friendly advice in private; in consequence of which he laid aside his working-dress, and as the woman, who was strong, had enjoyed no rest the preceding night, an opiate was administered. She slept several hours, and was refreshed, and towards morning, the pains returning, delivered the child and *Secundines*. I have assisted in a number of such cases, where, by a cautious management, the parts were gradually opened, and the women safely delivered. In many women, I have known the membranes broke several days, weeks, and even months before labour; and provided they were not much weakened, they have been delivered with ease. In my practice, this case has chiefly prevailed among fat women, and may perhaps be owing to laxity.

C A S E IV.

Communicated by Dr. *D'Urban*, of *Richmond*,
in *Surry*.

In the year 1750, he was called to a woman in labour, near *Norwich*. The waters had been draining off for two days, during which she had enjoyed no rest. She was very weak and low-spirited, had violent reachings with a *Singultus*; and when he examined, he found the child's head presenting. He directed her to be put to bed, prescribed an anodyne draught, in consequence of which she had a refreshing sleep of two or three hours; then the pains, which were weak before, grew strong and more frequent, and the woman was safely brought to bed.

He says, he could have delivered with the forceps, but followed my advice, which was never to use them, but when they are absolutely necessary. The same method he has successfully used upon several occasions.

C A S E V.

I was called to a patient in labour of her first child. The membranes broke in the evening, and she had frequent pains all night, but would not allow me to examine till about eight o'clock next morning, when I found the child's head resting above the *Pubes*, and
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the *Os Uteri* soft and lying loose, as if it had been pretty largely opened before the membranes broke: but the *Vagina* was very strait as well as the *Os Externum*. She enjoyed no rest all night, the pains grew excessively strong and frequent, and the child's head had not advanced in the least. Being apprehensive, from her violent complaints of the *Abdomen*, that the *Uterus* would burst by such strong efforts, I prescribed a paregoric draught to allay the violence of the pain and procure sleep. As she had been used to take opiates, the dose amounted to thirty drops of the *Tinct. Thebaic.* with *ʒij. Syr. de Meconio*, and some simple cinnamon-water. This prescription had the desired effect: she slept several hours, though every now and then her sleep was interrupted by a strong pain. About twelve that night, when the effect of the opiate was wore off, her violent pains recurring, I was allowed to examine again, and finding the head still in the same situation, the draught was repeated. This kept her tolerably easy till eight in the morning, when the pains returning it was again administered: for the same reason it was repeated at six in the evening, and four in the morning. About eight, I was permitted to examine the third time, when I felt the head pitched down in a lengthened form to the middle of the *Pelvis*:

but the lower part of the *Vagina* was still very narrow, as well as the *Os Externum*, and time was required for dilating both, and for pushing down and elongating the head, which was large. At the beginning of labour she had some loose stools, but made no water for three nights and two days; so that when the effect of the opiate ceased, the distension of the bladder aggravated the agony of her sufferings, yet no persuasions would induce her to let me draw off the urine, and I was again obliged to repeat the opiate. Her strong pains, which every now and then recurred, she endeavoured to suppress, lest I should desire to examine, and would allow no body to be with her but the nurse. At length, I was in the evening suddenly called from another apartment, and finding the head almost delivered, I had just time to prevent the laceration of the external parts. I felt a languid motion in the vessels of the *Funis*; but could not, by all the usual methods, bring the child to breathe. I brought away the *Placenta*, found the *Uterus* in a right state, and immediately drew off a large quantity of urine with the catheter. Nevertheless, I was obliged to repeat the draught four or five times in four and twenty hours, because she could neither rest nor sweat without it, her pulse flagged, and her spirits sunk, and no other cordials had

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had the least effect. After delivery, her urine was obstructed for three days, and for eight weeks afterwards she lost the power of retention, which, however, returned with her strength: As for the child, it was probably lost by her timorous disposition, in consequence of which she refused all assistance at the latter end of labour.

COLLECTION XVI.

Of lingering and tedious LABOURS.

NUMB. I. CASE I.

From the forehead's being prevented from turning backwards into the lower and concave part of the SACRUM.

Vide Tab. XIII. and Sect. 3. No. 3d.

In the year 1749, I was called to a woman who had been long in labour of her first child, and was naturally of a weak and delicate constitution. On that account, the midwife told me, she had kept her mostly in bed, and done nothing to fatigue her. She said, the labour had gone on very well, though the pains were slight and at long intervals, and that since the discharge of the waters, the child's head had advanced slowly to the external parts, where it had stopt for a considerable time. This account I found true, upon examination. A glyster had been administered with good effect, and the patient had enjoyed a good deal of sleep between the pains: but finding her pulse rather too weak and languid, I directed her to take two spoonfuls of the following mixture every half hour.

R *Aq. Cinnam. ten. ℥iv℥. Spirituos. ℥i. Sal. Vol. C. C. ℥is. Conf. Cardiac. ℥i. Syr. Symp. ℥℥. M.*

I attended

I attended some time, without perceiving that the head advanced to open the *Os Externum*. I felt one of the ears at the *Os Pubis*, the *Lamdoidal* crossing the end of the *Sagittal Suture* at the lower part of the right *Os Ischium*, and the *Fontanelle* on the opposite side at the upper part of the left. I perceived that the pains had not force enough to move the *Occiput* from the right *Ischium*, so as to pass under the *Os Pubis*, and the forehead from the opposite side to the hollow of the *Os Sacrum*. I therefore, during the next pain, introduced my fingers towards the child's left temple, and turned the forehead backwards to the *Os Sacrum*. The narrow part of the head, being now towards the sides and the lower part of the *Pelvis*, the *Vertex* immediately advanced forwards, gradually opening the *Os Externum* during every pain; and the woman being safely delivered, the *Placenta* separated slowly, and was discharged in about half an hour.

C A S E II.

In the year 1744, I was called to a woman in labour of her first child, and found a midwife and another male-practitioner in waiting. This last gave me to understand, that when he came, the patient had been a long time in strong labour; that after the mouth of the womb was sufficiently opened, the
mem-

membranes had broke, and the pains gone off for some time, though they returned with greater violence, and forced down the head to the lower part of the *Pelvis*, beyond which situation it had not advanced in a whole hour; that he had attempted to deliver it with a lack of fillet, which he had procured as a great secret, but the head being large, he could not fix it properly, neither could he, after repeated trials, bring the child by the feet; so that he concluded there was an absolute necessity for opening the head. Upon examination, I found the head in the same position as that described in the preceding case, or rather higher in the *Pelvis*. The pains were tolerably strong, the woman's pulse was much more quick than is usual, even in time of pains. She complained of a violent head-ach, laboured under great drought, and her skin was very hot and dry. Of these complaints, however, she was relieved by losing ten ounces of blood from her arm. I told the gentleman, that as the patient was strong, and the pains continued, we ought to wait the efforts of nature, without using either forceps or fillet, which I never applied, except to assist nature when she was too weak. When I examined again, I found the head lower down, and moved the forehead backwards towards the *Os Sacrum*;

so that the crown of the head advancing, opened the *Os Externum*, and the patient was soon delivered of a child of an extraordinary size. But the fillet having galled and torn part of the hairy scalp from the *Occiput*, was the occasion of a violent inflammation, of which the child died in a few days. The mother, however, recovered tolerably well, and since that time has had pretty easy labours.

C A S E III.

In the year 1750, I was called by a midwife to a very fat woman, near the age of forty, in labour of her first child. The membranes had been long broke before I came, and I understood that the friends being uneasy, had sent for a gentleman of the profession, who, in attempting to deliver the patient, said he had broke his instrument, and went home in order to fetch another: but, instead of returning, he sent a message, importing, that he was obliged to go and attend another woman. Her pains being strong, the *Os Externum* and lower part of the *Vagina* were gently dilated, and the forehead being moved backwards at the same time, the head advanced, and the woman was delivered in about half an hour after I arrived.

There was a very small opening through one of the parietal bones of the child's skull,
yet

yet none of the *Cerebrum* was evacuated, though a great deal of blood was discharged, notwithstanding the application of proper compresses, and the poor child died moaning, in five or six hours after its birth.

C A S E IV.

In the course of the same year, I was called by a gentleman who had formerly attended me for a short time, in behalf of a woman whom he had attempted to deliver with the forceps. He said, he was sure they had been properly applied, that he had pulled with great force without being able to move the child's head, and that the woman was in such imminent danger, he did not believe she could live until we should reach the house. Notwithstanding this declaration, I found her pulse strong and good, as well as the pains, and that not above one third part of the head had come down into the *Pelvis*. I likewise understood she was used to have tedious labours, proceeding, in all probability, from the small size of the *Pelvis*. I privately convinced the gentleman of his error, observing, that as the pains were good, no force ought to be applied; that the forceps would never succeed, except when the head was come lower down, and even then ought not to be used, unless the woman was in danger from
weakness

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weakness and want of labour-pains. We prescribed a mixture to amuse the patient, and in about five hours she was safely delivered.

NUMB. II. CASE I.

Of the VERTEX presenting, though low in the PELVIS, the forehead being towards the Os PUBIS.

Vide Tab. XX. XXI.

In the year 1747, I was called by a midwife, to a woman whom she had attended near two days, and whose former labours had been very easy: from which circumstance she inferred, that, in this case, the child was of an extraordinary size. I found the *Fontanelle* towards the left groin, and the *Lambdoidal* crossing the *Sagittal Suture* at the right side of the *Os Coccygis*. The *Os Externum* I gently opened during every pain, raising the head a little when the pain began to abate, and moving the forehead to the left side of the *Os Sacrum*. As the next pain increased, I withdrew my hand, which was followed by the child's head, and the woman was in a little time delivered.

CASE II.

In the year 1744, I attended a gentlewoman who had been easy in her former labours.

bours. When I was called, the membranes were broke, and the mouth of the womb was largely open; though the head advanced very slowly. At length, feeling the *Vertex* at the lower part of the *Coccyx*, and the *Fontanelle* below the *Pubis*, I attempted, but to no purpose, to raise the head, and move the forehead to the right side of the *Pelvis*. Yet, when I withdrew my hand, the head was forced lower down by a strong pain, the *Vertex* protruded the *Perinæum* and posterior parts, in form of a large tumor, the forehead, face and chin, turned immediately out from below the *Pubis*, and the *Vertex* was raised upwards, with an half round turn, from the *Perinæum* and posterior parts. The child was small, and cried as soon as the head was delivered, even before the body was extracted.

N U M B. III.

From the presentation of the FONTANELLE.

I have often been concerned in cases, where I found the *Fontanelle* presenting: they commonly proved tedious and lingering, though the delivery was generally effected by the labour-pains, and the child's head sometimes appeared in form of a sow's back; a circumstance, in all probability, owing to the pressure it sustained in the *Pelvis*, while it advanced

vanced in that unusual way. Sometimes, in these lingering labours, I have, by raising up the forehead with my fingers, altered the position, so as to let the *Vertex* sink lower down, particularly in the following instance.

C A S E I.

In the year 1750, I attended a gentlewoman, whom I had formerly three times delivered; and she had easy labours. The *Os Uteri* was now fully open, and the membranes broke soon after I arrived. Yet the head did not advance as usual, but rested at the upper part of the *Pelvis*. As she had been long fatigued with severe and fruitless pains, I examined the position of the head more narrowly, and plainly perceived the *Fontanelle* presenting in the middle; but I could not certainly discover how the forehead lay, until I had gradually opened the *Os Externum* during the pains. I then found that the *Vertex* was to the left side, and the forehead with the face to the opposite part. As she lay in bed, upon her left side, I could not so easily assist in that position: she was, therefore, turned on her back, her head and shoulders being raised a little with pillows, and her knees held up towards her belly, as she lay across the bed; for her pains were also stronger while she continued in this posture.

In

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In the beginning of a pain, I gently introduced my right hand into the *Vagina*, and raised up the forehead and face; as the pain increased, I withdrew my hand, and found the *Vertex* sink down to the lower part of the left *Ischium*. In a few pains, the forehead turned backwards, the hind head came out below the *Pubis*, the *Os Externum* was gradually opened, and the child safely delivered.

N U M B. IV. C A S E I.

From the presentation of the forehead.

Vide Tab. XXII.

In the year 1747, I was called to a woman in labour, by the friends, who were uneasy at the lingering case, and imagined the midwife kept her in hand, because she had been several times delivered by another midwife, and her labours were easy. I was informed that the *Os Uteri* was fully opened, and the membranes had been broke several hours; that the child presented fair, and the pains were strong, yet the head had advanced very little, though since I had been sent for, the child had descended considerably lower in the *Pelvis*. Upon examining in time of a pain, I really imagined the *Vertex* presented, and I thought I felt the *Fontanelle* to the side, as in other cases; but when the head advanced,

vanced, in consequence of the succeeding pains, and protruded the *Perinæum* and posterior parts, I felt the eyes and nose on the contrary side towards the lower part of the *Os Ischium*. In another pain or two, the *Os Externum* being sufficiently dilated, the face turned in below the *Os Pubis*, over which the chin turned upwards; the *Fontanelle*, *Vertex*, and hind-head were raised, and came out with a semicircular turn from the *Perinæum* and parts below, and the body was delivered by the same pain.

The child was small and dead, its forehead was raised up in form of a sugar-loaf, the *Vertex* being pressed flat, and the face and hairy scalp very much swelled.

The mother, for several days after delivery, complained of great pain in her back and at the *Pubis*, which seemed to proceed from an over-straining of the ligaments at the juncture of the bones: but by lying quiet, and drinking plentifully of warm and weak diluting fluids, she enjoyed profuse sweats, and soon was freed of these complaints.

C A S E II.

In the following year, I assisted in a similar case, where the head was high up, and had long rested at the brim of the *Pelvis*. At

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first,

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first, I thought it presented fair, but as it did not advance for several hours, notwithstanding the strong pains, and I was told, that the patient had been delivered of her second and third child before the midwife could reach the house, I concluded, that the head did not present in the common way, and introduced my hand slowly into the *Vagina*, as she lay on her left side. Finding the forehead presenting with the face to the right *Ilium*, I pushed it up to that side, and as I withdrew my hand a little, still pressed it up with my fingers, that it might not return before the next pain, which forced down the *Vertex* from the opposite side; then the head descended gradually, and the woman was delivered in a few pains.

N U M B. V.

From the presentation of the Ears.

I have known a few cases in which the ear presented, and when the child was not large, the pains commonly altered the position, by forcing down the *Vertex*, and the patient was easily delivered. This was commonly the case too, when the *Fontanelle* presented; but when the head was large, the labour was more tedious and lingering, upon which occasion, I usually pushed up the head so as that the
Vertex

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Vertex might advance, particularly in the following instance.

C A S E I.

In the year 1749, being called by a midwife, to a woman who had been long in labour, I introduced my hand into the *Vagina*, and finding the ear presenting, could perceive, when I raised the head, neck, and shoulder to the back part of the *Uterus*, that the upper part of the head lay over the *Pubis*, the face being to the right side. As all the waters were discharged, it would have required great force to turn the child so as to bring it by the feet: I therefore raised the head higher, forcing the forehead upwards, and the *Vertex* coming in as I withdrew my hand, the child was presently delivered.

N U M B. VI. C A S E I.

From the Presentation of the Face, of the Shoulder, and of the Breast.

Vide Tab. XXIII.

In the year 1743, being called to a woman, who had been a great many hours in labour, after the mouth of the womb was fully opened, and the waters discharged, I found the head low down in the *Pelvis*, the face presenting, the chin at the lower part of the *Pubis*, and the cheeks so excessively

swelled, that at first I imagined the breech presented, until examining a second time with my fingers, I felt the mouth, eyes, and nose. When the friends asked if the case was dangerous, I precipitately answered, that there was no great danger, but that of losing the child, which might be saved, if the mother was soon delivered. They replied, that provided the mother was safe, the child was of no great consequence, as she had already more children than she could well maintain. The patient told me she felt the child stir every now and then, and indeed I plainly felt its motion by laying my hand on her belly. However, as every body present declared against my giving any assistance, and were satisfied with my telling them that the woman was in no immediate danger, I left her to the care of the midwife, who indeed had opposed my being called. I could easily have delivered her with the forceps, and ought to have said in general that there was danger in the case. I knew the child's head was small, and that the delivery was retarded either by the navel-string, or the contraction of the lower part of the *Uterus*, round the neck, or before the shoulders; for the head was pulled up as the pains abated.

This visit I made in the forenoon, and the child was not delivered till the evening, when
I was

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I was called again in a great hurry to bring away the *Placenta*, which was easily extracted. I examined the child, which was dead, and found its head squeezed to a great length, the face and neck being much swelled and of a livid colour.

C A S E II.

In the year 1744, I examined one of the poor women, attended by my pupils, in labour of her first child, which lay very high, and I thought I felt the breech presenting. The membranes had broke when the mouth of the womb was dilated to the breadth of half a crown. The pains being slight, and the woman strong, I desired the gentlemen to let the breech be pushed down gradually, and slowly dilate the *Os Internum*, and in the mean time, I left a midwife to attend, and directed her to give us notice when that dilatation should be effected. In about three hours, I was called again, and understood from the midwife, that after the mouth of the womb was fully opened, the child descended very fast, presenting at first with the cheek, but that now she plainly distinguished the face. When I examined, I found the chin down to the lower part of the left *Iscium*, and turned up below the *Pubis*. In a few pains, the *Os Externum* being sufficiently di-

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lated, the forehead and *Vertex* turned up from the *Perinæum*, and the woman was immediately delivered of a small child, before any of the pupils arrived.

C A S E III.

Vide Tab. XXV.

In the year 1748, I was called to a woman in labour, by a midwife, who told me she found the opening of the child's head below the share-bones, and imagined the child came wrong, with the forehead to that part. At first when I examined I was of the same opinion; but during the next pain, which was very strong. I found the head was pushed down much lower at the back part of the *Pelvis*. Feeling at that part, with my finger, for the *Lamdcidal Suture*, I plainly distinguished the face, and the chin backwards at the *Coccyx*. In two pains more, the face and forehead protruded the posterior parts in form of a large tumor, the *Perinæum* and fundament were greatly lengthened, the *Vertex* and *Occiput* slipped out from below the *Pubis*: then the forehead and face turned up from the *Perinæum*, which being thin, I supported it with my hand, and the woman was delivered of a small child. Her *Pelvis* was large, and she used to have very quick labours.

C A S E

C A S E IV.

In the year 1749, I attended a gentlewoman, whom I had twice before delivered, after tedious labours, proceeding from the largeness of the children and the small size of the *Pelvis*. When I was called on this third occasion, the mouth of the womb was open to about the breadth of a crown-piece, the membranes and waters were very tense during a pain, but being relaxed when that abated, I felt some part of the child, though more unequal than the *Apex* of the head. Having waited, till by degrees the membranes had fully opened the parts, and were pushed down to the lower part of the *Vagina*, I examined again, and felt the child's face presenting through the membranes. Reflecting upon her former tedious labours, and foreseeing that if I allowed the head to come along in that position, the patient would suffer, and that if I should bring it by the feet, the child might be lost; I directed her to be laid on her back, with her breech to the foot of the bed, and supported with pillows, between a sitting and a lying posture, on pretence that the labour would be favoured by such a situation. While a woman sat behind supporting her head, and one on each side held up her legs and knees, I gradually di-

lated the *Os Externum* during the pains, until I could introduce my hand into the *Vagina*. In pushing it farther up, I felt the membranes break, but, my hand still advancing, the *Os Externum* was plugged up by the lower part of my arm, which hindered the waters from being discharged, until feeling the chin to the right, and the forehead to the left-side, I raised this last upwards, grasping the *Vertex*, which was now lowermost, with my fingers and thumb. I then gently withdrew my hand a little, to let the waters pass, that the *Uterus* might be contracted, and keep the child in that position. Finding this expedient succeed, I drew forth my hand, when the patient thought the child was delivered. However, I convinced her that what I had done was absolutely necessary, and that she was now in a fair way of delivery, provided she would exert that courage and patience, which had supported her in her former labours. Nor was I disappointed in my prognostic; for this delivery was much quicker than those she had experienced before.

C A S E V.

In the year 1751, I was called to a woman in labour, by a midwife who had formerly attended my lectures: she informed me that the mouth of the womb was largely open,

and although the membranes were not broke, she could find something like a hand and fingers: she likewise told me, that the woman was straight made: that she had delivered her once before, when the labour was very tedious, and the head of the child, which was dead born, squeezed to a great length. I found every thing as she had described, and felt besides, something like the shoulder or hip, which I was certain could not be the head. As her former labours had been difficult, and I was afraid the child would be lost, should it be brought by the feet, I resolved to seize the opportunity of trying to bring in the head, since the membranes were not broke. I accordingly acted pretty much in the same manner as in the preceding case; but found greater difficulty in bringing in the head, which was more slippery and large than in the former instance: besides, I lost a great quantity of the waters, by being obliged, after I had pushed up the shoulder, to withdraw my hand a good way before I could bring in the head, and in attempting to raise up the hand that came down with it. The *Vertex* being turned down, and one of the ears towards the *Vertebræ* of the loins, I withdrew my hand, when the forehead with the right-hand was to the right, and the *Occiput* to the left side of the *Pelvis*, and the
pains

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pains ceased for some time, as usual, after the membranes were broke. Having now encouraged the woman, by telling her that the child presented fair, I took my leave, and in about three hours, she was safely delivered, though not without very strong and severe pains.

C A S E VI.

In the year 1752, I was called to a woman, whom I had before delivered of a child that presented wrong, though I could not save it by reason of her narrow *Pelvis*. On this occasion, she had been subject to frequent, though slight pains, the day before I saw her; towards morning the membranes had broke, a small quantity of the waters was discharged, and she had no more pains till my arrival. Upon examining, I found some part presenting, which could neither be the head nor breech, and I afterwards discovered to be the breast. As the pains had ceased, I was in hopes that some of the waters was left in the *Uterus*, although the membranes were broke; and going to work as in the two former cases, brought in the *Vertex*, with great difficulty, occasioned by the slipperiness of the body and head, which last, was, after many efforts, and the return of strong pains, squeezed down in a longitudinal form, and the woman safely delivered.

In

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In these cases we are seldom called in by the midwives before the membranes are broke, otherwise we should, in præternatural positions, have a better opportunity to bring in the *Vertex*, when the *Pelvis* is so small, or the head so large, that the child cannot be saved, if brought by the feet.

C A S E VII.

Communicated by Mr. *Hargood*, in a letter dated at *Chatham*, 1751.

When he was called, the midwife told him the waters had been discharged several hours; and he found the face presenting low in the *Pelvis*, the chin being towards the right *Iscbi-um*. After she had undergone several pains, which did no service, he resolved to deliver with the *Forceps*; but just when he was about to apply them, she was seized with a strong pain, during which he assisted with his fingers in moving the chin towards the *Pubis*, and the child was safely delivered.

C A S E VIII.

Communicated by Mr. *Cook*, Sept. 26, 1752.

I was called to a woman in labour, and felt the child's face presenting. I understood that she had undergone two tedious labours before, though the children were very small; whence I concluded her *Pelvis* was narrow,
and

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and in passing my hand into the *Vagina*, I found it so. Upon which I laid aside all thoughts of turning the child and delivering by the feet, as I should have done had the *Pelvis* been large. The face being high up, and her pains very strong, I waited to see if they would bring it lower down; and in about six hours my expectation was answered, the chin being at the left *Ischium*. I then, during the pains, endeavoured to raise it to the *Os Pubis* with my finger, and in that manner the child was delivered. The head was squeezed into a long form, the parietal bones were pressed one over another, and on one side of the head was a very deep impression formed by the jetting in of the *Os Sacrum*. The face was very much bruised and swelled, and the child dead. I prescribed an opiate for the woman, who had undergone great fatigue; she enjoyed good rest and did well.

COLLECTION XVII.

Of tedious cases from the rigidity of the Os INTERNUM, VAGINA, or Os EXTERNUM, as also from the wrong position of the mouth of the womb.

NUMB. I. CASE I.

Of the rigidity of the Os UTERI.

In the year 1731, I was called to a woman turned of forty, in labour of her first child, who, though by her own and midwife's account, she had three or four weeks to go, had been in a kind of lingering labour for two days. At six in the evening the membranes broke, and as she lived at a distance, I could not be with her, till about four next morning, when the midwife told me that, after the membranes broke, she had every now and then a strong pain, but that the mouth of the womb was not opened as usual by these pains, and she was afraid that the womb and altogether would be pushed out of the body, through the *Os Externum*. Upon examining in time of a pain, I found the mouth of the womb open to about the breadth of half a crown, but thick and rigid, and forced about half an inch without the *Os Externum*, which was pretty much dilated, and I felt the child's head presenting. There was an intense heat
at

at the mouth of the *Uterus*, and she complained of great pain in that part, even in absence of the labour-pains. She was of a strong and healthy constitution, though of a thin habit: her pulse was quick, full and hard, her skin hot and dry: she laboured under a severe drought, and I understood she had from time to time swallowed cordials to assist the labour, such as white-wine and malt spirit. Having considered the circumstances of the case, I concluded that the difficulty of delivery was owing to the rigidity of the *Os Internum*, for she had lain chiefly on the bed, without having been fatigued; that the head was but small, because it had pushed the mouth of the womb so low down, and that the fever was owing to an indiscreet use of spirituous liquors. In consequence of these reflections she was bled at the arm to the quantity of twelve ounces, directed to drink plentifully of barley-water, kept in bed, lying on one side, her breech being raised a little higher than her body, and during every pain, I kept up the *Uterus* and head with my fingers, so as to resist and abate the violent force of the pains. By these means, she was greatly relieved, enjoyed between whiles gentle slumbers and plentiful sweats: the mouth of the womb turned more soft and yielding, and when largely dilated, I pushed it gently
up

up with my fingers all round the head, which at last glided easily along, and was delivered. I took the same precaution in delivering the shoulders and body, desired the midwife to confine her to her bed longer than the usual time, and advised her to abstain from any violent exercise for a considerable time after she should be able to walk, in order to prevent a *Prolapsus Uteri*. I was afterwards informed that she recovered very well, without being exposed to any such complaints in the sequel.

C A S E II.

In the year 1746, I attended a patient near forty, in labour of her third child, who had been afflicted with a *Prolapsus Uteri*, since her last pregnancy. When I was called, she had some slight pains, the mouth of the womb was very little open, seemed thin and rigid, and was situated more forward in the *Vagina*, than is commonly the case; the child's head was pressed low down, and seemed small, but I could feel no waters. Her pulse being very quick, she was bled to the quantity of eight ounces, an emollient and laxative glyster being injected, discharged a great quantity of hard *Fæces*; and as she had enjoyed no sleep that day or the preceding night, I prescribed an anodyne draught, and directed her

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to drink plentifully of barley-water. These expedients succeeded to my wish; she slept and sweated during the greatest part of the night, and I was called again in the morning, when the pains grew stronger and more frequent. I then found the mouth of the womb much more open, though pushed down without the *Os Externum*; I likewise felt between my fingers the hair of the child's head, though the patient was not sensible that the membranes were broke, or the waters drained off. During every pain, I kept up the child's head, and the mouth of the womb, which I gradually dilated with my finger, till being fully opened, it easily slipped up all round the head, and this afterwards opening the *Os Externum* by degrees, was safely delivered.

C A S E III.

In the course of the same year, I was bespoken to attend a woman, who had been subject to tedious labours. When called I found the child's head pushed down to the anterior and inferior part of the *Uterus*, so much at the fore-part, that it was some time before I could feel the mouth of the womb, which was tilted backwards and upwards to the upper part of the *Os Sacrum*. In a few pains, the head pushed down the *Uterus* below the *Pubis*, to the *Os Externum*, when I felt the
Os

Os Uteri very thin and soft ; and the patient complained of great pain from this protrusion of the lower part of the womb by the head. However, she was in a great measure relieved by my pressing against it with my fingers. At the same time, introducing the fore-finger of my other hand into the mouth of the womb, I brought it forwards to the *Pubis*, and kept it in that position during several pains, which gradually dilating it, the head was pushed lower and lower, and by degrees I slipped up the mouth of the womb, betwixt the *Pubis* and head, which afterwards made very quick advances, and was soon delivered.

C A S E IV.

In the year 1747, I attended a woman in labour of her first child, whose belly was pendulous, and hung forward over the *Pubis*. (Vide Tab. XII.) When I came she was pretty strait laced, the pains were strong, the membranes pushed down with the waters, the *Os Internum* was backwards and high up, felt thick and rigid, and was opened to about the breadth of half a crown. I directed her to unlace, desired the nurse to make the bed so that her breech might lie higher than her shoulder, and to raise up the belly with her hands in time of a pain. The mouth of the womb was gradually dilated, the membranes

broke, and the child's head advanced lower in the *Pelvis*; but the *Os Internum* remaining still backwards, and the head pressing down the lower and anterior part of the *Uterus*, I was obliged to assist, as in the former case, until the head was forced down, though it dilated with great difficulty, and to stretch the *Os Externum*, from time to time, before the child could be delivered.

C A S E V.

I was called to a patient not above fifteen years of age, in labour of her first child, and found the head of the child presenting, and that the membranes and waters, after having slowly dilated the *Os Internum*, advanced quite to the *Os Externum*, which I hoped they would open also; but they broke just as they arrived at the part. Then the head advanced and pushed out the lower parts, in form of a large tumor, the *Perinæum* being very thin, and stretched to the extent of five fingers. Nevertheless, the *Os Externum* was very little dilated, and the pains were so strong, that I was obliged to press the flat part of my hand upon the parts, to prevent the *Fourchette* from being torn, and by resisting the force of the head against the *Os Externum*, allow it time for gradual relaxation. The pains continuing to return every five or six minutes for the

space of an hour, without any alteration, I found it necessary to prescribe an opiate to restrain them, that I might have time to lubricate with pomatum, and dilate gently with my fingers. By these means, the *Os Externum* was gradually stretched so as to allow the head to pass without any laceration of the parts.

C A S E VI.

About the same time, I attended another patient, though not so young, and the labour proceeded much in the same manner: but after having guarded the parts, in order to prevent laceration, during a few pains, I withdrew my hand to take some pomatum, for lubricating the external parts. In that interval a strong pain returned, contrary to my expectation; and, before I could replace my hand, the child's head was delivered, and the *Perinaeum* torn quite to the *Anus*. This accident was owing to my hurry and precipitation, in consequence of which I passed my hand on the out-side of the sheet, and before I could disentangle it, the damage was done.

Ever since this misfortune, when I attend women in labour of their first children, I always turn up and pin the upper sheet to the bed-quilt, as the child's head advances to the lower part of the *Pelvis*.

CASE VII.

Communicated by Dr. *Austin*, of *Edinburgh*,
in a letter dated 1749.

He was called to a young woman in labour of her first child, who had acute pains from *Tuesday* till *Saturday* night, when she was delivered. All that time the child's head was squeezed in the *Pelvis*, and for twenty-four hours the bones rode one another in the *Vagina*. About two hours before she was laid, he attempted to introduce the forceps, which, however, he declined using, because the pains became stronger, and he imagined the child was dead. Indeed, to all appearance it was still-born, but in a few minutes he was agreeably surprized to find it alive, and both the mother and the child did well. Two days after delivery, he extracted from the woman five *English* pints of urine with the catheter.

COLLECTION XVIII.

Of lingering or dangerous cases, from weakness, anxiety, frights, floodings, looseness, convulsions, fevers, &c.

NUMB. I. CASE I.

From WEAKNESS.

In the year 1743, I was called to one of the poor women whom my pupils attend, in labour of her first child. She was young, and so excessively weak for want of nourishment, that when we were called, she seemed really expiring. Another patient who lived in the same house, said, this young woman was an entire stranger, who had been taken in as a lodger the preceding night, and seemed to be in a starving condition; and at last the poor creature herself owned, that she had received no other sustenance but water, for the space of three days. She had been subject to some slight pains all the former day and night: when I examined, I found the mouth of the womb largely open, the membranes broke, and the head presenting; but the pains were at long intervals, and her weakness so alarming, that I immediately sent for a roll and some ale, which was qualified with a little sugar, nutmeg and geneva, to which last I supposed she was accustomed,

and therefore judged it was a better cordial than any other I could have prescribed from an apothecary's shop. Of this nourishment, I directed her to take a very little at a time, and accordingly her exhausted spirits were gradually recruited, insomuch, that although the case was lingering and tedious, she was safely delivered by the labour-pains.

C A S E II.

In the year 1724, I was by a midwife called to a woman of a weak habit and melancholy disposition, occasioned by the excessive flooding which had attended a former delivery. She had become pregnant again, before she recovered her strength, was seldom able to rise out of bed, and her stomach was so weak, that it could receive or digest but very little nourishment. The midwife told me her pains were so weak, she was afraid she could not be delivered without assistance; that she had enjoyed little or no sleep for the space of forty-eight hours, but had been subject to frequent faintings, from which she was with difficulty recovered; and lastly, that the mouth of the womb was soft and a little open. I felt her pulse very low, and examining during a pain, which feebly protruded the membranes and waters, perceived the child's head: then bringing forwards with my

my finger, the *Os Uteri* towards the *Pubis*, I found it much more open than the midwife imagined, and felt some indurated *Fæces* in the *Rectum*. I was also informed, that as she had an aversion to all sorts of nourishment, she ate very little, and seldom had passage in her belly, and was commonly costive.

I directed her to take frequently a tea-cup full of chicken-broth, and between whiles, a little of the weak cinnamon-water. A glyster of the broth being thrown up, emptied the intestines; then half a pint of the same, in which two grains of *Opium* were dissolved, being injected, I desired that she might be kept quiet in bed, in hope of procuring her sleep, and take an ounce of strong cinnamon-water every four hours. By these means the faintings went off, she slept pretty well that night between the pains, and these gradually increasing, she was safely delivered in the morning.

C A S E III.

In the year 1744, I attended a gentlewoman, in labour of her third child. She was of an hypochondriac disposition, went seldom abroad, towards the latter end of pregnancy, could hardly be kept out of bed, was, in the beginning of the eighth month, attacked with frequent reachings, so as to vomit up every

thing she ate or drank, by which complaint she was reduced to a state of excessive weakness, from want of nourishment.

I ordered the nurse to inject about half a pint of beef or mutton broth, by way of glyster, five or six times a day, to prevail upon her to rise frequently and walk about the room, and likewise to go abroad sometimes in a coach.

By this method she recruited a little, and with the assistance of some mint and antihysterical water, she could keep a little broth in her stomach. I managed her much in the same manner as that described in the former case, in time of labour, which, though tedious, ended happily.

N U M B. II. C A S E I.

From Anxiety and Grief.

In the year 1747, I attended a gentlewoman, in labour of her first child, who, a few days before, had been so much affected with the sudden death of her husband, that she was seized with frequent faintings and great anxiety of mind. When I arrived, her pains were very weak, and the membranes had broke even before the mouth of the womb was much dilated. Although the child's head was small, she continued three days in a kind of labour: yet, by encouraging and supporting

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ing her with cordials and nourishing things, and indulging her as much as possible with rest, she was safely delivered of a child, which seemed to have died soon after she heard the melancholy news of her husband's death.

C A S E II.

In the year 1749, I was called to another gentlewoman, in the same circumstances, overwhelmed with anxiety in consequence of her husband's death, which had happened about two months before her labour. I found her so low, and the case was so tedious, that I was afraid she had not strength to undergo the delivery. Yet, by the management described above, she was safely delivered of a weakly child.

I have attended many other women in labour, whose lives were endangered by great weakness, proceeding from various causes; yet, by such management, they were safely delivered. Anxiety, misfortune, and disappointment, frequently reduced women in labour, to the verge of death. Labour is often brought on by frights proceeding from different accidents, such as that by fire in the neighbourhood. The earthquake in the year 1749, produced several casts of this kind; and any thing that affects the passions to a degree of violence or transport, will have the
same

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same effect. On these occasions, if the child is small, delivery is sometimes performed of a sudden; but if the labour was begun before the patient was seized with the emotion, it commonly went off, nor did the pains return for a long time. However, if these frights, &c. are not attended with violent floodings, convulsions or fevers, the patients generally recover, though sometimes the children are dead. Nay, even when those bad symptoms have accompanied the case, I have known both mother and child happily saved.

N U M B. III. C A S E I.

FROM FLOODINGS.

In the year 1735, I was called to a woman near her full time, who was seized with flooding and labour, in consequence of being frightened by a fire which happened in the house, as well as from the fatigue incurred by removing the furniture. When I arrived, the fire was extinguished, and I found her lying upon hay in a barn, losing blood very fast. The mouth of the womb being pretty largely opened, I immediately broke the membranes, which, with the waters, were pushed down in every pain, and the hæmorrhage soon stopped: the patient was very cold, from the severity of the winter season, and the thinness of her covering. While I practised
in

in the country, I always carried in my pocket, some spirit of hartshorn, tincture of castor, and liquid laudanum, in separate bottles. Of these, with the assistance of some brandy and water, I composed a cordial and anodyne mixture of which she took frequently two or three spoonfuls, and being accommodated with more cloaths from the neighbourhood, she recovered her natural heat, and at last enjoyed a plentiful sweat and refreshing repose. The pains were slowly augmented with long intervals: as her pulse and strength returned the labour advanced, and although it was tedious, she was at last delivered. Yet her sleep was afterwards interrupted by frightful dreams of fire; and she often awoke in a delirium, so that twenty days elapsed before she was out of danger. She had suckled her former child, but had no milk after this delivery, and but a very small discharge of the *Lochia*; these evacuations being impeded by the disturbance of her thoughts. Her greatest danger, however, seeming to proceed from weakness occasioned by the loss of so much blood, I thought the principal object of regard was the circulation, which was kept up by the cordials and restoratives; and as she was every now and then subject to shiverings, and laboured under a low weak pulse, I prescribed repeated doses of the bark and the

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the moderate use of *French* claret, from which she found great benefit.

When labour is brought on, and a flooding occasioned by such alarms; so that the patient is exhausted by the hæmorrhage, this is either diminished or entirely carried off by breaking the membranes; and of late, I have frequently succeeded in floodings that happened before labour, by gently dilating the mouth of the womb with my finger, so as to bring on the labour-pains, as in the following case.

C A S E II.

In the year 1745, I was called by a midwife, to a woman seized with flooding in the middle of the ninth month, though no visible cause could be assigned for this hæmorrhage; and she had bore children before with very easy labours. As the discharge was not so great as to require immediate assistance, and her pulse was rather strong than otherwise, I ordered her to be bled to the quantity of eight ounces, and to be kept quiet in bed. Being costive she received a glyster, took frequently two spoonfuls of a mixture composed of six ounces of the tincture of roses, and about twenty drops of liquid laudanum. The flooding abated, and she rested tolerably well that night; but when she rose to have her
bed

bed made, some large clots were discharged with a little pain, and the flooding returned, though it was soon restrained when she lay down again. In this condition, she continued for several days, during which, upon the least motion, some clots or coagula were forced off from the *Vagina*, and followed by a fresh discharge, which, notwithstanding all our efforts to encourage her and support her strength, gradually weakened her constitution. It returned one evening with greater violence, I was called in a hurry, when I found her low and dispirited, and her friends in great anxiety and consternation. I had previously informed the midwife and relations, of the imminent danger that threatened the patient, if the flooding should not abate, or labour come on, and desired that some other gentleman of the profession might be consulted for their and my satisfaction; however, this proposal they declined. Thus left to my own discretion, and feeling the *Os Uteri* very soft, though very little open, I gently introduced the tip of my finger, in order to dilate it, and desired the patient to assist my efforts by straining downwards. This method being gradually repeated every now and then, the parts were opened to the breadth of half a crown, and I produced some slight pains that returned of themselves. Notwithstanding several attempts,

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attempts, I could not break the membranes, until, gradually stretching the *Os Externum* during every pain, so as to introduce my hand into the *Vagina*, I tried to advance my finger farther up; but not succeeding, I introduced the female catheter, which breaking through the *Chorion* and *Amnion*, the waters were discharged in great quantity, the flooding immediately abated, and the child's head was pressed down upon the mouth of the womb. She now lay easy for a long time, without the return of a pain, during which interval, she was nourished and supported by frequently receiving a little broth. But being afraid that there might be an internal flooding dammed up by the child's head, I desired her to force down, while I raised the head with my finger, and accordingly several coagula were discharged from the *Uterus*: I then thought it adviseable to bring on and encourage the pains, by stretching as before; and to my wish, the parts were more and more dilated, the pains grew stronger, and at last the patient was safely delivered. During labour, I frequently felt her pulse, which instead of sinking, rather grew stronger.

C A S E III.

In the year 1750, I was called to a woman by a midwife, who told me that the patient had

had been seized with a violent flooding, but labour coming on, the membranes had broke, and the hæmorrhage was abated; but she had sent for me, because she found the navel-string in the *Vagina*, and the woman was very weak, and had little or no pains.

Indeed she was so low, that I could scarcely feel her pulse; her lips were pale, and her extremities cold. I found the *Funis* in the *Vagina*, but could feel no pulsation: the child's head presented, but was kept forwards to the *Os Pubis*, by the lower part of the *Placenta*, which lay along the *Sacrum*; however, the flooding was entirely stopped.

I immediately directed her to take some of the solution of portable soup; and hot bricks wrapped in flannel, being applied to her feet and hands, in about an hour her pulse grew stronger, her extremities recovered their natural warmth, and the pains returned. Finding the head was hindered from advancing, by the *Placenta*, I brought down this last, and the patient was gradually delivered of a small dead child; but she continued so weak, that for many weeks after her delivery, she was scarce able to walk about the room.

C A S E IV.

In the year 1744, I was called by the friends of a gentlewoman, who had been seized with
a flood-

a flooding the preceding night. The midwife told me, that the mouth of the womb was open to the breadth of a crown-piece; that the *Placenta* presented; that the pains were very slight and at long intervals; and that the flooding was then more violent than when she was called. I myself felt the pulse was not so weak as one would have imagined, considering the quantity of blood she had lost.

In this patient, who had formerly bore children, the discharge began to appear in the beginning of the eighth month, returning every now and then, when she ventured to go abroad; but, by the advice and assistance of another gentleman, who was now obliged to attend another patient, it had been kept within bounds, till this period, which was the beginning of the ninth month.

As she would not permit me to examine, I privately advised the midwife to introduce her hand by degrees into the *Vagina*, and feel all around for the edge of the *Placenta*, at which part, she might tear the membranes; she accordingly felt them at the left side, and a large quantity of the waters being discharged, the child's head advanced, pressing the under part of the *Placenta* to the right side. Then the pains increased, the head gradually dilated the *Os Uteri*, and being small, descended

lower and lower, so that in a few pains the patient was delivered. The flooding abated when the waters were discharged, and was entirely stopped as soon as the head plugged up the *Os Internum*. From time to time, I felt her pulse, which continued in much the same state, or rather turned stronger; from which circumstance I concluded there was very little, if any internal hæmorrhage; and her strength was kept up by her taking frequently a tea-cup full of broth, or wine and water.

C A S E V.

In the year 1747, I was called by a midwife to a gentlewoman, whom she had formerly delivered of several children. This patient was taken with a small discharge of blood in the beginning of the ninth month, when I prescribed venæsection and a glyster; after the operation of which, she received a paregoric draught. But the discharge continuing for several days, though in a small degree, I examined and found the mouth of the womb very soft, placed so high, and so far backwards, that I could not perceive the *Placenta* presenting, though I felt through the *Vagina* and *Uterus*, that the child's head rested against the *Os Pubis*. As the discharge did not weaken the patient, nothing was

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done, but I laid an injunction upon her, to refrain from going abroad. In about eight or nine days from this period, she was attacked with labour-pains, and the flooding increasing, I received another call, when I was informed by the midwife, that the mouth of the womb was largely open, that the waters had been discharged immediately before my arrival, that the *Placenta* had come low down, but she could feel no part of the child. A strong pain immediately succeeding, I examined and found the *Placenta* pushing through the *Os Externum*, and the delivery of this was immediately followed by that of the child, which was alive, although the *Placenta* came first. The midwife told me, that when she found the *Placenta* presenting, she was cautious of touching it with her fingers, remembering that when she attended my lectures, I had observed, that the death of the child in flooding-cases, might be owing to its losing blood from the laceration of the cake.

C A S E VI.

In the year 1750, I was called to a patient about the end of the eighth month of her second pregnancy. The midwife told me the waters had been discharged two hours before my arrival, and the flooding stopped; that feeling something like a fleshy substance come
down,

down, she had tried to pull it away, on the supposition that it was a false conception, and that these attempts were followed by a large quantity of blood. This substance, upon examination, I found to be the *Placenta* low down at the *Os Externum*, and sliding my finger betwixt it and the *Os Pubis*, I felt the child's head. During the next pain, she was delivered of the *Placenta*, which was much lacerated, and a dead child. I have been concerned in many cases, where the flooding, when inconsiderable, was easily stopped, and the woman proceeded to the full time.

C A S E VII.

From Mr. E. W. dated T. W. 1747, with my answer.

Some time ago, I was sent for to a woman after the midwife had made use of all her art to no effect: upon enquiry, I found she had not gone her full time, the membranes were broke, and there had been, and still was, a profuse flooding. On touching, I could find no *Os Tincae*. I then introduced my hand, with some difficulty, through the *Os Externum*, but could not readily meet with the *Os Tincae*, being opposed by a soft fleshy substance, which I took for the *Placenta*, and which proved to be so, as I afterwards found

it. The child lying so high, and being hindered by the *Placenta*, I could not get my hand beyond the *Os Internum*, to feel the child, which put me to a stand. However, having taken out my hand, I kept my countenance as well as I could, and advised the woman to be of good cheer. Now from the great effusion of blood, together with the foregoing circumstances, I thought it absolutely necessary to attempt her delivery, by opening the contracted parts, and turning the child; but I had no sooner sat down before her, than, providentially, she had a strong pain or two, and to my great surprise, the child was brought into the world [the *Placenta* coming first] inclosed within its membranes. This plainly convinced me of the error of some who have asserted, that the *Placenta* always adheres to the *Fundus Uteri*, being, in this case, it was the reverse. With regard to this case, the information I should be glad to receive is this: suppose the child had not been born as it was, whether I should have endeavoured to pass by the *Placenta*, or extracted it before the child? and suppose part of the *Os Tincæ* is covered with part of the *Placenta*, how to act?

Vide Collect. XXXII. No. II. Case III.

Answer

Answer to these Queries.

I had a case of pretty near the same kind; the *Placenta* adhered to the lower part of the *Uterus*, and as the *Os Uteri* began to stretch, that part separated from the *Placenta*, and then a small flooding began. When I was called, the patient had some labour-pains, and on examining, I found the *Os Internum* open about the breadth of half a crown, and the *Placenta* pressed a little down into it; as the discharge was not great, and the woman strong, I delayed to deliver until the *Os Internum* should be more open. Some hours after this, I was again called, the flooding was pretty violent, I found the *Os Internum* fully opened, and the *Placenta* fully presenting; I laid the woman on her back, with her thighs raised, then introduced my hand into the *Vagina*, passed by the *Placenta* into the *Uterus*, broke the membranes, and delivered the child by the feet, by which means I prevented the *Placenta* from coming down first. The child was alive, because part of the *Placenta* adhered to the lower side of the *Uterus*. I have had cases where the *Placenta* has come down into the *Vagina* before the child's head, and was obliged to deliver it first; but in such cases the child is commonly dead. It appears,

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in your case, that the *Os Internum* had been fully open, that the *Placenta* filled all the upper part of the *Pelvis*, and that the child being small, and the *Placenta* detached, they all slipped along with ease, and were so suddenly delivered.

C A S E VIII.

In the year 1743, I was, about five in the afternoon, called by Mr. *Burnet*, to a woman in the latter end of the eighth month, who, the preceding night, had been taken with a large hæmorrhage of the *Uterus*, and had, every now and then, some slight pains. Feeling the *Os Uteri* a little open, and the *Placenta* presenting, I advised him to dilate gently, during every pain, and as soon as he could reach the edge of the *Placenta*, to break the membranes. This he effected in a few pains: the waters were no sooner discharged than the flooding ceased; and the pains growing stronger, pushed down the child's head, which gradually dilated the *Os Uteri*. But as it passed, the detached part of the *Placenta* was forced down with it, and actually tore from the rest, fifteen or twenty minutes before the child was delivered. We now expected the child would be lost, from this laceration, but contrary to our expectation, it was alive, and did well; the mother also recovered, though

she had lost a great deal of blood, and had fainting fits before I was called.

C A S E IX.

Communicated by Mr. J——, dated at F——, 1751.

I was called to a woman who had gone her full time, and had for three or four days been troubled with a flooding which then increased.

I immediately took ten ounces of blood from her arm, and prescribed an opiate, that laid her quiet about three hours, during which the flooding abated. But when she awoke and began to stir, it returned, though not to so violent a degree.

In the afternoon, I was allowed to examine, and found the *Os Internum* very thin, dilated to the breadth of a sixpence: but as the flooding seemed to increase towards night, I ordered cloths dipped in cold oxycrate to be laid over the *Abdomen*; this application being twice repeated, the flooding intirely ceased, labour-pains came on, in less than an hour she was delivered of a live female child, and both did well.

NUMB. IV. CASE I.

FROM LOOSENESS.

In *August* 1734, Bilious cholics, attended with vomiting and looseness, being epidemical, I was called to several women labouring under these complaints, at different times of pregnancy, and they were generally removed by washing the stomach and intestines with warm water, and afterwards prescribing opiates. One case, however, was more obstinate. I was called to a woman, who had been exhausted and weakened by evacuations, for the space of twelve hours before my arrival. I was told by the midwife, that she was in labour of her first child, though she wanted about three weeks of the full time: but I was not allowed to examine; a circumstance at that time of little consequence; because, whether she was, or was not in labour, the first intention was to carry off the vomiting and looseness, and recruit her lost strength and spirits with all possible expedition. I immediately ordered her to swallow large draughts of mutton-broth, which I found ready made, mixed with warm water, and these being thrown up at several times with little straining, she took thirty drops of *liquid laudanum* in a glass of brandy and water; but this being immediately rejected by her stomach,

mach, I gave her half the quantity of the *laudanum* in a little broth, and applied to her stomach, a piece of brown paper moistened also with the *laudanum*; she now began to be gradually relieved of the pain, vomiting and looseness, so that I was permitted to examine and found the mouth of the womb thick and soft, opened to the breadth of a crown-piece; I likewise felt the membranes, waters, and child's head. The complaints beginning to return, I repeated the last dose, and in about half an hour after she had taken it, she fell into a sound sleep, which lasted several hours, and awoke very much refreshed, her complaints being entirely removed. All that day, she felt no labour-pains, and as she was very weak, I directed her to take frequently a small draught of pretty strong chicken broth, by which she was gradually recruited. She slept well that night, and in the morning was taken in labour, which proved tedious and lingering; though she was at last delivered of a large child which was dead, and in about six weeks she was perfectly recovered.

C A S E II.

In the year 1743, I was called to a gentlewoman attacked by a violent superpurgation, in consequence of having caught cold, by sitting in an open chaise in rainy weather, when

when she was eight months gone in her second pregnancy. She had been exhausted by the evacuation the preceding day and night, during which she enjoyed no repose, and in the morning, when I was called, I found her pulse weak and slow, and her extremities cold; and she told me, that in straining upon the stool, she had something like labour-pains. I immediately prescribed the following bolus and draught.

R Theriac. Andromach. ʒij. sumend. cum haustu sequenti.

R Aq. Cinamon. Simp ʒiʒ. Nuc. Moschat. ʒʒ. Liquid. Laudan. gut. v. Syr. e Meconio ʒij. M.

I directed her to drink plentifully of white-wine whey, and ordered warm bricks wrapped in flannel, to be applied to her legs and arms, in order to restore the natural heat, to promote a sweat, and encourage rest. In the mean time, I examined and found the *Os Uteri* largely open, and the head presenting; and by feeling the hairy scalp, perceived the membranes were broke. In consequence of what I had prescribed, her extremities became warmer, her pulse rose, she fell into a breathing sweat, and slept three hours: but being waked by a pain and fresh straining, I ordered her to take half the quantity of the former prescription, by which she was again relieved, dropt asleep, and when she waked in
the

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the evening, was quite free from the pain, griping and straining, though still very weak and feeble. To obviate this complaint, I directed her to take every now and then, some red burnt wine, with nutmeg and toast, and in the intervals chicken-broth. She continued easy the night following: when I called next day, she told me she had some slight pains, and I found the child's head lower in the *Pelvis*. The pains increased, and in two hours after I arrived, the child was delivered.

I have often known in such cases premature labour-pains vanish, and the woman proceed to her full time.

NUMB. V. CASE I.

FROM CONVULSIONS.

In the year 1746, I was called to a woman by a midwife, who told me, that the labour had proceeded very well: that the membranes had not broke until the mouth of the womb was largely opened: but that the head was no sooner forced into the upper part of the *Pelvis*, than the patient was thrown into violent convulsions, which went off and returned with every pain. She was a strong young woman, of a florid complexion. This was her first child: her pulse being full, hard and quick, ten ounces of blood were immediately taken from her arm: the convulsions

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vulsions abated every pain until they went off entirely, and in about an hour after they left her, she was safely delivered.

C A S E II.

In the year 1747, a woman in her third pregnancy, near her full time, being taken with a giddiness which was immediately followed by strong convulsions, I was called by the midwife, and examining in time of a convulsion, found the mouth of the womb open, and the convulsion forcing down the membranes and waters, in the same manner as they are usually pressed down by the labour-pains. She was insensible, and these fits returned every six or eight minutes. Her pulse being very quick and full, I ordered her to be bled to the quantity of ten ounces, and a blister to be applied to her back. In consequence of these remedies, the convulsions abated and soon went off, but she was still insensible, and incapable of swallowing any kind of liquid. The friends being averse to my delivering her, I desired, that, in case the convulsion should return, I might be immediately called in order to deliver her, otherwise she would certainly be lost. My prognostic was literally verified: for in about an hour after I went away, they returned with such violence, that she expired before I could reach the house,

but

but the child was delivered during one of the fits.

In the course of this year, I attended several patients who were attacked in this manner, near their full time; some of whom were relieved by bleeding and blistering, and went on to the usual period: while others, with whom this method did not succeed, were, with the children, saved by immediate delivery. Other practitioners had cases of this kind, during the same time, so that they seem to have proceeded from the constitution of the weather. Vid. Vol. III. Collect. XXXIII. No. III.

C A S E III.

Communicated in a letter from Mr. *Mudge*, dated at *Plymouth*, 1748.

In the morning he bled a woman in the ninth month of pregnancy, who complained of a violent head-ach. He was again called in the evening, when she was seized with convulsions, for which he prescribed a glyster, blisters, a nervous mixture, and drops. At nine, the fits became more violent and continued longer; and concluding that immediate delivery was absolutely necessary to save her life, he examined by the touch; then putting the patient in a proper position, he introduced his hand into the *Vagina*, and tried

tried to dilate the *Os Uteri*, which was very rigid, scarce so open as to admit a quill, and at first very difficult to be distinguished.

After several unsuccessful trials with his finger, he was obliged to desist, in hope that it might be better disposed to dilate by next morning, before which time, however, he was twice called in the night, found her in continual convulsions, and no alteration in the parts. About noon, next day, he visited and found her convulsed without intermission, though the force of the fits had not dilated the *Os Uteri* in the least, neither could her mouth be opened, so as to receive any medicine. At seven in the evening he was called in a great hurry, when the midwife told him, that now the child's head was in the passage. He could scarce believe this information, which, however, he found literary true, and sent for his forceps to assist in the delivery: but just as he was about to apply them, the head was forced out by the convulsions; he then delivered the body, and afterwards extracted the *Placenta*, and the convulsions immediately abated.

N U M B. VI. CASE I.

From FEVERS.

In the month of *March* 1729, which, in the country where I then resided, was remarkable

able for a pleuritic fever that was epidemical, and often proved mortal if the patient was not plentifully blooded at the first attack, I was called to a gentlewoman in the seventh month of her pregnancy, who had bore several children. She was suddenly seized with violent stitches in her right side, and a great difficulty in breathing, for which she immediately lost ten ounces of blood. From other patients attacked with the same disease, I had taken twenty ounces, and by repeating this evacuation once or twice, had frequently carried off the inflammation and fever, while those who were blooded too sparingly or too late, sunk under the disease; but I would not venture to bleed this patient to such a quantity, on account of her condition. Nevertheless, as the symptoms were alleviated, though not removed by the first venæsection, I followed *Sydenham's* method in prescribing plenty of diluents, and next morning repeated the bleeding, to the same quantity. Upon my first arrival, I had sent for an eminent physician who lived at some distance, and he approved of what I had done, advising, that as it would be hazardous to take a large quantity at once from a person in her condition, she might be bled the oftener; and this method being followed, in two or three days, relieved all her complaints,

complaints, having prevented a suppuration, perhaps a mortification of the *Pleura*. Though much exhausted by these evacuations, she gradually recovered strength enough to proceed in her pregnancy, and in a fortnight after her recovery, was safely, though prematurely, delivered of a weak child, which did not long survive the birth.

C A S E II.

In the year 1746, I was called to a woman in the ninth month of her fourth pregnancy, who was seized with a violent fever, in consequence of having caught cold. She complained of a racking head-ach, was between whiles delirious, and on the fifth day of the fever, when I was called, fell into labour. I felt her pulse, which was quick, low, and intermitting; she laboured under a *Subfultus Tendinum*, and was in a little time delivered of a very weak child that soon died: her delivery was attended with inconsiderable discharges, and she expired that same evening.

I have attended in many cases, at different periods of pregnancy, in the beginning, increase, height, and declension of fevers, and the patient commonly recovered, if miscarriage or delivery happened at the beginning or declension, provided the discharges were not extraordinary; but when the fever was violent

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lent and at the height, the patient usually died: and the child was frequently dead when delivered in the decline of the fever.

N U M B. VII. C A S E I.

From the SMALL-POX.

The observations I have made on fevers, will also hold good in the small-pox.

In the year 1749, I delivered a gentlewoman who had the confluent small-pox in the sixth month of her pregnancy, from which she recovered, and proceeded to the full time. No marks of the distemper appeared upon the child, which had not been dead many days before delivery; but the head was dropfical, and could not be protruded by the pains, until the water was discharged by perforation.

C A S E II.

Mr. *Cook*, who attended me in the year 1752, communicated the following case, an account of which he received from the country. A gentlewoman at *Oswestry* in *Shropshire*, aged twenty-eight, was in the seventh month of pregnancy, on the 24th day of *February*, seized with the symptoms of the small-pox, and on the 28th, the eruption appeared very thick and very small. A physician from *Shrewsbury* being called, found them of the confluent kind, with petechial spots, and

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prescribed

prescribed *Decoct. Cort. Peruv. cum Elix. Vi-
triol. et Tinct. Rosar. pro potu communi*. She
recovered of this disorder, and was on the
29th of *April* following, delivered of a dead
child, upon whose body the eruptions appear-
ed to have been about the crisis.

COLLECTION XIX.

Of circumvolutions and knots of the FUNIS UMBILICALIS, contractions of the UTERUS before the shoulders, &c.

NUMB. I. CASE I.

Of CIRCUMVOLUTIONS.

Vide Tab. IX.

In the year 1750, I was called to a gentlewoman in the eighth month of pregnancy, by Mrs. *Canon*, who told me the labour had been very tedious: the head had been advanced to the *Os Externum* for near two hours, but was drawn up again after every pain.

The patient being averse to my examining, I advised the midwife to introduce a finger or two in the *Rectum* during a strong pain, when the head was low down, and pressing against the forehead at the root of the nose, keep the head in that position for a few pains. By this method the patient was soon delivered of a dead child, round whose neck the *Funis* was four times circumvolved.

CASE II.

In the year 1745, I attended a gentlewoman in labour of her first child, whose *Os Uteri* dilated with the membranes and waters, in a slow and gradual manner, until it was fully
U 2 opened,

opened, when the membranes protruding to the *Os Externum*, were broke; then the head came down to the middle of the *Pelvis*, and being pushed farther in time of a strong pain, it was drawn back to the same place, as the pain abated, and continued to advance and retreat in this manner for several hours; so that the patient was very much fatigued, and her friends began to be very uneasy.

That I might examine more narrowly, I began to dilate and open gently the *Os Externum* during every pain, until I could easily introduce my fingers all round the lower part of the child's head, so as to perceive that the delivery was not retarded by the largeness of the head, or the smallness of the *Pelvis*, neither could it be delayed by the contraction of the *Uterus* before the shoulders, because the head began to be drawn upwards, immediately after the membranes broke; and the contraction seldom happens, until all the waters are discharged. From these circumstances, I concluded that the difficulty proceeded from the circumvolutions of the *Funis Umbilicalis* round the neck of the child. The left ear of the *Fætus* was to the left groin of the woman, and its right ear to her right side betwixt the *Sacrum* and the *Ischium*, the forehead being to the left.

I re-

I resolved to assist in bringing the head lower, and keeping it so, with the help of the forceps, had it continued much longer in that situation; but as she had every now and then a strong pain, I first tried what might be effected by different positions, and directed her to bear the pains, standing, sitting, kneeling, lying on one side, or resting on the bed, in a posture between sitting and lying. This last was the most successful, and in three or four strong pains, the head, though still retracted, advanced lower and lower, and began to dilate the *Os Externum*. But observing that it made another stop, I introduced two fingers into the *Rectum*, when it was pushed down by a strong pain, and pressing them against the lower part of the forehead, kept it down and prevented the head from returning, until the return of the next pain. I continued this method, in consequence of which, the head advanced farther and farther, and assisted the delivery of it, by raising the forehead upwards with an half round turn from the lower part of the *Os Externum*. The woman was soon delivered, and the *Funis* was found three times round the neck, and once round the arms of the child.

The hint of assisting in this manner, I found in Mr. *Ould's* treatise, published in the year 1742, and I have frequently followed it with

success, when the forehead was come down to the *Os Coccygis*; but when it advances still lower, I withdraw my fingers from the *Rectum*, in order to prevent a contusion of that part, as well of the *Vagina*, and press with my fingers on the external parts, and on each side of the *Coccyx*. Care, however, must be taken to avoid the eyes in this pressure, otherwise they will be afterwards inflamed.

I must observe, that this assistance is not to be used, except when the head comes low down, without continuing to stretch the *Os Externum*; for although it is retracted after every pain, yet if, by advancing a little in the time of the pain, it dilates the part, such gradual dilation is much more safe for the woman, than a sudden distention, by which the parts are in danger of being inflamed or lacerated.

C A S E S III. and IV.

I have in this manner assisted in a few cases, where delivery was retarded by the shortness of the *Funis*, particularly in the year 1744, when the patient was delivered by the forceps, and in the year 1750, when the woman was delivered by the labour-pains, assisted in the manner described above: in this last case the *Funis* was not above two hands breadth long, though very thick.

Mauriceau,

Mauriceau, in p. 336, and *Observ.* 406, relates an instance of his having delivered a woman of her first child, whose navel-string was extremely short, and as thick as its arm. The child had been dead several days before delivery.

It may be proper to observe, that when labour is retarded by the shortness or circumvolution of the *Funis*, the retraction or drawing back of the head, does not begin to be perceived until it is low in the *Pelvis*, whereas it is sooner observable, when owing to the contraction of the *Uterus* before the shoulders.

The head is also low down, before it can be retarded by one of the shoulders resting above the *Os Pubis* or *Sacrum*, instead of being towards the sides at the brim of the *Pelvis*.

N U M B. II. C A S E I.

Of KNOTS.

Vide Tab. XXIX.

In the year 1744, my attendance was bespoken to a woman, who imagined herself in labour about the end of the eighth month. This, however, was no other than a colicky pain, proceeding from costiveness, of which she was relieved by a glyster.

In a fortnight after this visit, I was called, and found the membranes had broke; the waters were of a brownish colour and mor-

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tified smell: the labour was lingering, and the child, when delivered, of a livid hue: the scarf-skin was easily stripped off, the *Abdomen* tumefied, and the *Funis* swelled and livid, about ten hand breadths long, with a tight drawn knot on the middle.

C A S E II.

In the year 1747, I attended another patient in a lingering labour, and delivered her of a live child, though there was a loose knot on the *Funis*, which was very long.

C A S E III.

In the year 1748, I assisted in a case, where the *Funis* being nine hand-breadths long, had a loose knot on it, and was twisted round the neck of the child, which was dead; though I believe its death did not proceed from the knot or circumvolution, which were very loose, but from the nature of the labour, which was very lingering, the head being squeezed to a great length, and the brain too long compressed in a narrow *Pelvis*.

N U M B. III. C A S E I.

Of contractions of the UTERUS before the shoulders, and these last resting above the PUBIS or SACRUM.

Vide Tab. XIV.

In the year 1745, I discovered by the following case, that labours are often rendered tedious

tedious and lingering by the lower part of the *Uterus* contracting before the shoulders, when the membranes break and the waters are too soon evacuated: this contraction not only keeps up the body of the child, but sometimes prevents the shoulders from turning from the upper part of the *Pubis* to the side of the *Pelvis* where it is widest. I was called by a midwife to a woman thirty-five years of age, in labour of her first child, the membranes having been broke a long time. I found the head presented almost as low as the middle of the *Pelvis*, and that the *Os Internum* was fully open, and the pains strong and frequent, yet the head did not advance, but receded a little after every pain, a circumstance which at first I imputed to the *Funis*.

Finding the woman very uneasy and her friends importunate, I amused them with a palatable mixture, of which I directed the patient to take two spoonfuls every half hour, my intention being to gain time: for I felt the child's ear at the upper part of the *Pubis*, the head was small and very little engaged in the *Pelvis*, and I could foresee nothing dangerous in the case. I accordingly took my leave, after having assured them she was in a fair way, and would in a little time be safely delivered by the midwife. In about two hours, I received another call, and was told
the

COLLECTION XX.

Of lingering cases from the large size of the child, and the HYDROCEPHALUS.

NUMB. I. CASE I.

From the large size of the child.

Vide Tab. XXI. XXVII. and XXVIII.

In the year 1742, I was called to a woman, whose friends told me, she had been three days in labour, and that the midwife, who had lost her opportunity, was keeping her in hand. She, however, in her own vindication gave me to understand that she had delivered the patient twice before; that the first labour was lingering, and the child, which was small, came before the time; that the second was also tedious, and the child, which was large, still-born, because they had sent for her when it was too late to save it by making more room: that, in order to obviate the like misfortune upon this occasion, she had been called in good time, and considerably dilated the parts; but when the waters were discharged, the pains had not been strong enough to deliver the child. She likewise affirmed, that when she was called, there was no opening of the *Os Internum*, which did not begin till the preceding night; but
that

that the woman laboured under a colic, attended with a looseness which had been stopt by something prescribed by the apothecary, upon which the pains grew stronger; and that she, the midwife, had lost no time, but tried all the different positions, and dilated the parts during every pain. Indeed, the looseness had exhausted the patient, and she was moreover fatigued by this unskilful management of the midwife, who was extremely ignorant, had never received the least instruction, and seemed incapable of profiting by her mistakes in practice.

When I first examined, I found the mouth of the womb pretty largely opened, but thick and swelled; the external parts were likewise tumefied and inflamed. I afterwards, during another pain, felt the head presenting, though very high up. Her pulse being low and quick, I directed the attendants to put her to bed, and keep her as quiet as possible. As she was troubled with a great drought, I desired her to drink barley-water, and take now and then a little weak broth, with toasted bread; and lastly, in order to amuse herself and friends, I prescribed a draught of syrup and simple waters to be repeated every two hours. Then exhorting her to disregard the trifling pains she had, I assured her they would grow stronger, and assist the delivery with better effect,

effect, after she should have enjoyed a refreshing sleep. Having given these directions, I took my leave about eight in the morning, and returning in the evening, was informed that she had slept very sound for five or six hours, sweated plentifully, and undergone every now and then a smart pain.

Finding the parts much softer, the heat abated, and the pains gradually pushing down the head of the child into the *Pelvis*, I encouraged the patient, telling her she was now in a good way, though, in consequence of her weakness, her delivery would require some time, and therefore she ought to exert her patience. I likewise privately directed the midwife to let her rest in bed, and sleep as much as possible, without fatiguing her by a repetition of her former conduct. But notwithstanding this express admonition, when I was called early next morning, I understood she had acted diametrically opposite to my advice, by raising her out of bed, and harassing her in the manner already described, so that she was quite sunk and dispirited, and the external parts were inflamed and swelled as before. She was immediately replaced in bed, and a poultice of bread and milk being applied to the parts, I waited to see the event. She slept and sweated a good deal, and when waked with a pain, took some broth, warm
wine

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wine and water, and caudle alternately, at different times, so as to be much recruited and refreshed; the inflammation also abated, upon which the poultice was removed, and the part cleaned; and the pains growing stronger, she was delivered about noon, of a dead child, whose head was squeezed to a great length.

I afterwards delivered this woman three times, and the children were all uncommonly large, but by giving her time, and keeping up her strength, she was safely brought to bed, and they were all alive.

C A S E II.

In the year 1725, I was, in the evening, called to a patient by the midwife, who told me the woman had been long in labour of her first child, that the *Os Uteri* had gradually and slowly opened, that the waters had been discharged a great many hours, and that the child's head did not advance.

Upon examination, I found the head was come down to the middle of the *Pelvis*: and the woman being strong, with a quick, full, hard pulse, was blooded to the quantity of ten ounces. She was kept quiet in bed, and slept betwixt the pains, every second or third of which was pretty strong. I desired the midwife to indulge her with all possible rest,
and

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and send to me if she should turn weaker, and could not be delivered by the pains.

Accordingly, I was called next morning, when I found the child's head advanced to the lower part of the *Pelvis*; but the patient being exhausted, and her pains growing weaker, I resolved to deliver by turning the child, or if that should not be practicable, to assist with the fillet or crochet. I then did not know the method of delivering with the forceps.

After having gradually opened the *Os Externum* with my fingers, I tried to raise the head, and introduce my hand into the *Uterus*, so as to reach the feet: but the contraction was so great, that I could not advance farther than the upper part of the *Vagina*: upon which I determined to use the fillet; when a strong pain coming on, as I withdrew my hand, the head descended lower, and in two more pains, the woman was delivered of a child whose head was squeezed to a great length.

By this method I have several times succeeded in such cases.

C A S E III.

In the same year, I was called to another woman, who had been long in labour of her third child. When I first examined, I thought
I felt

I felt the breech of the child, but afterwards found it was a large tumor on the child's head, which was pretty low in the *Pelvis*. The patient had been much fatigued by the imprudent management of the midwife, the pains had turned weak, and her pulse was low. I directed her to be put to bed, to take something warm, and try to doze between the pains. By this method her exhausted spirits were recruited, her pains grew stronger, I assisted as in the preceding case, and she was delivered of a dead child, with a large head squeezed to a great length.

C A S E IV.

In the year 1729, I was called to a patient, whom I had delivered twice before: in her first labour I used the crotchet, in the second I tried the fillet, but without success; upon which I brought the child by the feet, though I could not save it, because the head was very large.

Having found by experience that several children were lost by using these expedients prematurely, and by turning the child when a large head presented in a narrow *Pelvis*, I resolved to manage this case in a more cautious manner, and desired that I might be called in time.

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Accordingly, when I arrived, the midwife told me, that the patient had not been fatigued, and only once examined; the mouth of the womb was largely opened, and the gentlewoman being of a weakly constitution, I kept her chiefly in bed. The waters broke soon after my arrival; the labour was very tedious from the largeness of the head, which advanced very slowly in the *Pelvis*; but by encouraging and keeping up her strength, she was at last safely delivered.

C A S E V.

In the course of the same year, I attended a woman who had been long in labour, and whose waters were discharged many hours before I arrived. I found the mouth of the womb largely opened, the child's head had advanced to the middle of the *Pelvis*, the patient very much fatigued, and the midwife told me her pains had been strong, but were much abated.

As I could not turn the child, I made a noose on a garter, which I, with great difficulty, fixed over the fore and hind head, and pulled gently during every pain; but, not succeeding, I increased the force until the noose slipped off. Then resolving to try what nature would do, I prescribed a gentle opiate, and she being kept quiet in bed, enjoyed

joyed between the pains some refreshing slumbers, by which her strength was gradually recruited, and the pains growing stronger, she was in about two hours safely delivered. The fillet had galled and inflamed the hairy scalp of the child, which, however, in consequence of proper applications, recovered in a few days.

C A S E VI.

In the year 1750, I attended a gentlewoman in the city, in labour of her first child. She was young, strong, and healthy, had gone a month beyond the common time of reckoning, and the case was very tedious. For after the membranes had broke, and the child's head advanced a little in the *Pelvis*, she underwent many severe pains for the space of four hours, before it descended to the lower part, where it continued two hours longer before she was delivered.

I perceived that the greatest difficulty proceeded from the large size of the head; and she being strong, and the pains brisk, I thought nothing should be done, but to encourage and prevent her from being fatigued. However, before she was delivered, her spirits and pains began to flag, and her friends became very anxious and uneasy; indeed I myself was not without apprehension that both she and the child would be lost.

Though the pains were most effectual while she continued in bed betwixt a sitting and lying posture, when they began to grow weak, I resolved, as the head was low down, to assist with the forceps: but before I used that expedient, I thought proper to alter the position, and try what would be the effect of her taking some pains standing, a posture which had succeeded in other cases. She was accordingly taken out of bed, and some loose cloaths being put on, supported between two women. Her pains increased in consequence of this alteration, and after she had undergone several severe ones, I found the child's head began to move lower and lower, and protrude the parts in form of a large tumor. Then she was put to bed again, and with great difficulty I saved the *Perinæum* from being torn. After the head was delivered, it required great force to bring along the shoulders: indeed this was the largest child I ever brought into the world alive.

The head was squeezed to a great length, had a large tumor at the *Vertex*, and if the mother's *Pelvis* had not been very large, the child could not possibly have been saved.

C A S E VII.

In the year 1742, I was called to a patient about the age of forty, in labour of her first
 2 child;

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child; though I was not permitted to examine, but obliged to wait in another apartment, in case of accidents. By the midwife's information from time to time, I understood the child advanced very slowly after the Os *Uteri* was largely opened, and the membranes had broke; and that the pains, though seldom, were pretty strong.

In this manner labour proceeded for the space of twelve hours, at the expiration of which, the midwife told me, that although she had at first found the child was alive, by moving its head, she was afraid it was now dead, for the pains had flagged for a long time, and a small part of the head had been for two hours without the external parts. However, the child was delivered soon after she gave me this account, and appeared to have been but a very little time dead: and, in all probability, when the head was so low and the pains abated, it might have been saved by the assistance of the forceps, which seldom or never fail when things are in that situation.

I afterwards learned, that the shyness of the patient proceeded from the artful insinuations of the midwife, who terrified her with dreadful accounts of the use of instruments.

During the first year of my practice, when I was called to lingering cases which were of-

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ten occasioned by the imprudent methods used by unskilful midwives to hasten labour, such as directing the patient to walk about and bear down with all her strength at every trifling pain, until she was quite exhausted, and opening the parts prematurely so as to produce inflammations, and torture the woman unnecessarily ; on such occasions, without knowing the steps that had been taken, I have been told that the patient had been in severe labour for many hours, and sometimes days, and that now I was called to prevent her from dying with the child in her belly. Thus solicited, if the head was at the upper part of the *Pelvis*, I commonly turned the child, and brought it by the feet ; and thus, if small, it was usually saved, provided it was not dead before my arrival : but, when the head was large, or the *Pelvis* narrow and distorted, the force necessary to extract it, was often the occasion of its death. On the other hand, when the head was so low in the *Pelvis*, that I could not raise it into the *Uterus*, in order to be turned, I was obliged to dilate the *Cranium* with the scissars, and extract with my fingers, assisted by the blunt hook. This method, however, I never practised, except when the head was low down, and the patient so much exhausted that she could not be delivered by the pains ; and not even then,
until

until after I had tried *Mauriceau's* fillet which always failed, and another introduced by my fingers in form of a noose, which sometimes, though very rarely, succeeded, when the child was small. In order to avoid this loss of children, which gave me great uneasiness, I procured a pair of *French* forceps, according to a draught published in the *Medical Essays* by Mr. *Butter*, but found them so long, and so ill-contrived, that they by no means answered the purpose for which they were intended. I afterwards perused the treatises of *Chapman* and *Gifford*, who had frequently saved children by a contrivance of this kind, and actually made a journey to *London*, in order to acquire further information on this subject. Here I saw nothing was to be learned; and by the advice of the late ingenious Dr. *Stewart*, who was my particular friend, I proceeded to *Paris*, where courses on midwifery were at that time given by *Gregoire*. There likewise I was very much disappointed in my expectation: for though this method might be useful to young beginners, his machine was no other than a piece of basket-work, containing a real *Pelvis* covered with black leather, upon which he could not clearly explain the difficulties that occur in turning children, proceeding from the contractions of the *Uterus*, *Os Internum*, and *Os Externum*. And as for the for-

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ceps, he taught his pupils to introduce them at random, and pull with great force, though he preferred *Chapman's* instrument to that used by the *French*, and recommended the improvement made upon *Mauriceau's* fillet, which can never be of any use.

Little satisfied with his manner of instructing, I considered that there was a possibility of forming machines which should so exactly imitate real women and children, as to exhibit to the learner all the difficulties that happen in midwifery; and such I actually contrived, and made by dint of uncommon labour and application.

I endeavoured to reduce the art of midwifery to the principles of mechanism, ascertained the make, shape, and situation of the *Pelvis*, together with the form and dimensions of the child's head, and explained the method of extracting, from the rules of moving bodies, in different directions. Nevertheless, I had still some occasion to perceive that children were lost, and the mothers endangered by turning, when the head was large and presented, or even by leaving the head to stick long at the lower part of the *Pelvis*, when the pains were weak and the patient exhausted: for in this last case, the child, when delivered, was commonly dead, in consequence of the brain's having been compressed;

ed; and the same long compression had produced an inflammation in the *Vagina*, *Os Internum*, and sometimes in the *Uterus* of the mother. To obviate these misfortunes, I was sometimes obliged to have recourse to the fillet or forceps, with which last I frequently succeeded, so as to save the child; though the use of them was sometimes attended with a laceration of the external parts of the woman, until I contrived an alteration in their form, and gave new directions for using them, by which this inconvenience is prevented.

In a word, I diligently attended to the course and operations of nature, which occurred in my practice, regulating and improving myself by that infallible standard; nor did I reject the hints of other writers and practitioners, from whose suggestions, I own, I have derived much useful instruction. In particular I was obliged to Dr. Gordon of Glasgow, and Dr. English of Lanerk, in Scotland; the first made me acquainted with the blunt hook; the other, with the noose; and in London Dr. Nisbet assisted me in improving the forceps, and Dr. Hunter in reforming the wrong practice of delivering the *Placenta*.

On the whole, I have given this short detail of my own conduct, for the benefit of young practitioners, who will see, that, far from adhering to one original method, I took
all

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all opportunities of acquiring improvement, and cheerfully renounced those errors which I had imbibed in the beginning of life.

NUMB. II. CASE I.

From the HYDROCEPHALUS.

In the year 1747, I attended a gentlewoman in labour of her fourth child, and felt the membranes pushed down, and the *Os Internum* and *Os Externum* largely opened. Before the membranes broke, the child's head continued a long time high up at the brim of the *Pelvis*, and felt in such an uncommon manner, that I was for some time uncertain whether it was the head or breech. But the waters being discharged, it was pushed a little lower down; then I felt the hairy scalp, and perceived the head was dropfical, from the looseness of the bones and the great distance between them.

After many severe pains, the scalp was protruded to the *Os Externum*, which the contained water distended to such a degree, that the head passed, and the child, which was presently delivered, seemed to have been dead but a very little time.

CASE II.

In the year 1753, I was called to a woman in labour of her first child. The membranes

and waters opened the *Os Uteri* in a very slow manner, and when they came down to the middle of the *Vagina*, felt as if there had been one set of membranes within another, though the internal seemed to be much thicker than the external. But before the *Os Uteri* was fully opened, the real membranes broke, and then I discovered the other was the hairy scalp, pushed down by water contained in the skull. This the pains forced down lower and lower, so that the *Os Internum* being fully opened, it stretched the *Vagina* and *Os Externum* in the same manner as they are commonly dilated by the membranes and waters of the *Secundines*; and I felt the bones of the skull loose and riding one another.

At length the head being delivered, I was obliged to exert a good deal of force, in bringing along the shoulders and body, because the belly was swelled. The *Funis* was tumefied and livid; the child seemed to have been dead for the space of eight or ten days; and there was a large quantity of water contained in its head.

COLLECTION XXI.

Of lingering cases from a small, narrow, or distorted PELVIS.

Vide Tab. XXVII. and XXVIII.

NUMB. I.

Although these labours may seem to be of the same class, and require the same management with those that proceed from a large head, there is an essential difference: for, though they are much the same with regard to the efforts of the woman, the operator in these has much less room, when he is obliged to assist with his hand, and the child's head is disfigured and compressed into large indentations, occasioned by the jutting in of the upper part of the *Sacrum* and *Vertebrae* of the loins.

CASE I.

In the year 1750, I was bespoke to attend a woman of a middling size, and of appearance well made, who had been three times before delivered of dead children. The first presented with the arm, and the midwife having kept her two days in hand, with promises of safe delivery, the friends called a gentleman of the profession, who, with great difficulty, extracted the child by the feet, and
was

was so much fatigued with the operation, that he was obliged to keep his bed for several days. In her next child I was employed, after she had been weakened and exhausted by another midwife, who with great self-sufficiency had undertaken to bring matters to an happy issue.

Having waited a long time to no purpose, I tried the forceps; and these failing, dilated the *Cranium* according to the method described in laborious births. Then I found the difficulty proceeded from the large size of the head, and the jetting of the upper part of the *Sacrum*, which was not above three inches and an half from the *Os Pubis*. In her third labour I attended by myself; but the breech unluckily presenting, and the child being very large, I could not possibly save it, for I was fain to use the curved crotchet in delivering the head, to the great grief and mortification of the poor mother, who had suffered so much and lost three children.

When I was called to her in labour of her fourth child, the mouth of the womb was open to about the breadth of a shilling, and the child's head rested on the upper part of the *Pubis*, but was thrown a little more forward than usual, by the jetting in of the upper part of the *Sacrum*, and the last *Vertebra* of the loins. Labour being just begun, I encouraged

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couraged the patient by telling her that I had saved many children even where the *Pelvis* was narrower than her's, and that I was now in great hope of succeeding, provided the child was not of an extraordinary size. As she had slept but little the preceding night, and her pulse was rather full, I ordered ten ounces of blood to be taken from her arm, and her intestines to be emptied by a glyster; and taking my leave in the morning, desired the nurse would not send for me until the membranes should be broke. She was accordingly kept quiet in bed, and enjoyed some refreshing sleep, and in the evening, I received a message; then the membranes were broke, the mouth of the womb being largely opened, and the head beginning to be squeezed in at the upper part of the *Pelvis*; but when the membranes gave way, the pains abated, as is commonly the case when the head is not small, or the *Pelvis* large: for the pains she had hitherto undergone, proceeded from the membranes stretching the mouth of the womb; and now the head being kept up, did not continue the distention of these parts, but locked them up so as to detain a quantity of waters still in the *Uterus*.

I went away again, desiring the nurse to send for me when the pains should return and grow stronger; and in about three hours I returned,

returned, in consequence of another call, when I understood a great many cloaths had been wetted, and that the pains were become stronger and more frequent. I then felt the child's head squeezed lower down, and but little water being discharged in time of a pain, I concluded that the whole quantity was almost expended, and that the *Uterus* was close contracted to the body of the child.

As the patient had been chiefly in bed during the whole day, I directed her to take her pains in a sitting posture, and now and then to walk about without fatiguing herself. She therefore sat in an easy chair, leaning backwards, and in this manner took her pains, until towards morning, being very much fatigued, she was again put into bed and laid on her back, her shoulders being raised with pillows so that her posture was between sitting and lying. I desired her in time of a pain to pull up her legs, while an assistant supported her feet, and directed her not to force down, except when the pain was strong. The head continued to advance very slowly, the bones of the *Cranium* riding over one another, the *Vertex* was squeezed down in a conical form to the lower part of the left *Iscbium*; the forehead being at the upper part of the right, or rather above the brim of the *Pelvis* on that side; the *Fontanelle* was still very high up, and
I felt

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I felt the ear at the *Os Pubis*. At every third or fourth pain, which was generally the strongest, the head advanced, and the *Occiput* was gradually raised to the space below the *Pubis*, the forehead turning backwards to the lower part of the *Sacrum* and *Coccyx*.

The head being now so low down, and disengaged from its confinement and pressure at the upper part of the *Pelvis*, proceeded much more easy than before; however, as the child was large, and might be lost in being detained too long by the contraction of the *Uterus* before the shoulders, I assisted a little, when the forehead was come down to the lower part of the *Coccyx*, by placing my fingers on each side of it, in time of a strong pain, in order to press the head forwards to the space below the *Pubis*, and prevent its being drawn back, upon the abatement or cessation of the pain.

The head being delivered, I was fain to use a good deal of force in extracting the shoulders: for although I had brought them down to the lower part of the *Ischium*, I could not effect the delivery, until I introduced a finger above one of them, up to the middle of the arm, and by pressing towards the *Sacrum*, brought it down with an half round turn; upon which the body followed.

The

The circulation in the *Funis* being stopped, the child, which was very large, and whose head was compressed in a longitudinal form, lay five or six minutes before it began to breathe.

The woman recovered of this, much better than of her former labours.

C A S E II.

I delivered the same patient of another child, in the year 1753, when the labour proceeded much in the same manner; with this difference, however, that the membranes were unluckily broke by her motion in getting out of bed before she had any pains. I being called, in consequence of this accident, found the *Os Uteri* soft and yielding, though very little open, and the child's head resting above the *Os Pubis*, as in the former case. She was blooded and received a glyster as in the preceding case; but as the pains were not begun, and I was engaged at another labour, I left a midwife with proper directions how to manage when the pains should come on, until I should be at leisure to come and attend her.

Soon after I went away, the pains began, and a large quantity of waters was from time to time discharged. When I returned in the evening, I found the *Os Uteri* pretty largely opened, and the head pushed down to about

one third of the *Pelvis*; and taking it for granted, that she would have many more strong pains, and that all the waters were not yet discharged, I lay down in a bed to take some rest, because I had been much fatigued the night before, and desired the midwife to call me as soon as the head should be come down to the lower part of the *Pelvis*. The patient bore many very severe pains with extraordinary courage, the child's head was in the situation described, in about three hours after I went to bed, and in half an hour after I rose, the woman was safely delivered of a live child. Since the publishing of the above, she has been twice delivered in the same cautious manner by Mrs. *Maddocks* on my account, and the children were live-born and did well.

C A S E III.

In the year 1750, I attended a woman whose *Pelvis* was also distorted, and rather smaller and narrower than that described in the preceding case. She had, the year before, been long in labour, and much exhausted before she was delivered by another gentleman, who was obliged to open the child's head.

I being called at the beginning of this second labour, managed her much in the manner above described, and with great difficulty saved the child, which was small: but when

I attended her again in the next lying-in, I could not save the child, which, though larger than the former, was not above the common size. Vide the crochet cases.

C A S E IV.

In the year 1742, my attendance was bespoken to a woman who had been four times delivered by another gentleman of dead children; and it was alleged her *Pelvis* was so narrow and ill-formed that she could not possibly bear a live child.

I was averse to interfere with any other practitioner, and actually refused to undertake the case, until I was importuned by two of her acquaintance whom I had delivered, and assured that the other gentleman would never be employed again at any rate: upon these representations I promised to attend this patient, who was a little woman of a delicate constitution, subject to icterical complaints, for which I advised her to consult some physician, though in this particular she neglected my advice, on the supposition that her health was mending.

Soon after my first visit, I was called to her, when she imagined herself in labour, and found the mouth of the womb but very little open, though soft and yielding. Her pains seemed to proceed from her being costive, yet

I felt the head resting upon the *Pubis*, and was greatly surprized to find the *Pelvis* was not so narrow as it had been described : for, with the tip of my finger I could hardly reach the jetting forwards of the last *Vertebra* of the loins and upper part of the *Sacrum*; from which circumstance, I understood the *Pelvis* at that part was not above half, or three quarters of an inch narrower than those that are well formed. I therefore hoped, that if the child was not large it might be saved, provided I could keep up the woman's strength. With this view, after having encouraged her by communicating my opinion, I prescribed a glyster, after the operation of which she took the following draught :

R *Aq. Cinamom. Simp.* ʒiʒ. *cum Spiritu.* ʒij. *Confect.* *Damocrat.* ʒʒ. *Syr. c Meconio* ʒij. *M.*

It was now late, and I being uncertain when labour would begin, stayed with her during the best part of the night, but went away as soon as the draught had thrown her into a profound sleep. She was free from pain all the next day, but I was called the following morning, when I understood she had trifling pains in the night, though she had slept in the intervals. I found the waters pushing down the membranes, and the mouth of the womb open to about the breadth of a crown ; and she being weary of lying, I advised

vised her to rise and take her breakfast. Having sat with her about two hours, during which the pains were but slight and returned seldom, and believing they would not grow much stronger, until the mouth of the womb should be fully opened, the membranes broke, and the waters discharged, I proposed to go and visit some other patients, and laid injunctions upon the nurse to put the woman to bed, and send for me as soon as matters should be thus ripened.

She seemed uneasy at my going, and afraid I would not return. She observed she had been already two days in labour; that the other gentleman would not have waited so long, but have delivered her before this time, either by turning the child, or extracting it with instruments: the nurse too made reflections of the same nature.

I paid very little regard to what they said of my predecessor, because I could not pretend to judge of his practice, unless I had been present, and known the particular circumstances: and nothing can be more absurd than to justify or condemn upon the hearsay of ignorant people, who are always apt to run into extremes of praise or dispraise.

I therefore told her, she had not been in real labour till the night before; that I would

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do every thing in my power for the safety of herself and the child; and begged that, if she was the least diffident of my skill, she would send for the person who formerly delivered her; for I would not attempt to force matters, as there was really no danger, even if the labour should continue eight days longer. This declaration quieted the anxiety of the patient and nurse, and I was permitted to go away, after I had promised to return upon the first notice, which was about eleven; but at two, I was sent for in a great hurry. The nurse had put her to bed, and I, during a strong pain, felt the membranes pushing down large and full through the *Os Externum*. As the pain went off, and they were relaxed, I perceived the head was at the lower part of the *Pelvis*. I had scarcely time to put on a night-gown, when another pain returned, and the woman was immediately delivered of a small child.

From the easiness of the birth, and the round form of the head, which was not at all compressed, I am inclined to believe that though the child had been of an ordinary size, it would have been saved.

The patient recovered much better and sooner after this, than after her former deliveries; the jaundice vanished, and in two months

months she was healthier and stronger than she had been for many years.

N U M B. II. C A S E I.

From inflammatory or œdematous swellings of the PUDENDA, scirrhus tumors, polypos or callosity in the VAGINA or Os UTERI.

Vide Sect. III. No. V.

In the year 1742, a woman in the latter end of her first pregnancy, had œdematous swellings in her legs, thighs, and *Pudenda*; and, being obliged to walk one day through the city, was very much fatigued and in great pain. When I examined the parts, the swelling, which before was œdematous, seemed to have contracted an inflammatory hue; the left leg and thigh were much more tumefied than those of the right side, and the skin was something of a livid colour. Twelve ounces of blood were immediately taken from her arm, she was put to bed, and in consequence of fomentations, in three days the pain and inflammation abated: but the swelling of the *Pudenda* still continuing, I prescribed an emollient cataplasm to be frequently renewed, and from the first day she had taken two doses of gentle cooling physic. On the fifth day she was taken in labour, and though

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the parts were still swelled, and stretched with great difficulty, she was at last safely delivered.

The poultice was still applied, the swelling gradually subsided, and she recovered tolerably well.

C A S E II.

In the course of the same year, I was called by a midwife to a woman at *Chelsea* who was in labour. The *Labia Pudendi* were so excessively swelled, that both patient and midwife believed the child could not possibly pass: and the tumefaction was attended with such pain, that for three days she had been obliged to keep her bed and lie on her back, without daring to alter that position.

When I examined her during a pain, I found the *Os Uteri* very little open, and thence concluding labour was but just beginning, I punctured the parts in several places with a lancet, a large quantity of serous fluid was discharged, the swelling subsided, and the labour proceeded in a slow manner until she was delivered.

Such cases have often occurred in my practice, and I never knew them attended with any bad consequence. For when the swelling is too great to permit the child to pass, it is commonly reduced by punctures, or when of
the

the inflammatory kind, by bleeding, cataplasms and fomentation.

C A S E III.

In the year 1744, a woman in labour of her first child, was attended by a midwife, who imagined she felt the child's head, though very small, in the *Vagina*; but examining again after a few pains, she felt that substance pushed to one side of the *Pelvis*, and the membranes and waters forcing down at the other; these being broke and discharged, she found something like another head come down also. She being alarmed at this strange circumstance, recourse was had to a gentleman of the profession, who being also puzzled made a pretence to leave her, and afterwards sent a message, desiring that another might be called, as he was indispensably engaged. But, before any assistance could be procured, the woman was delivered by the labour-pains of a middle sized child; and it was not till some months after, that the substance was found to be a scirrhus tumor, or excrescence of the polypus kind, adhering to the outside of the *Os Uteri*, which was afterward taken off by ligature.

In some few cases, after severe labour, I have felt what I supposed to be hard cicatrices or callosities at the *Os Uteri*, *Vagina* and
Os

Os Externum, by which the delivery was retarded.

C A S E IV.

In the year 1750, my attendance was bespoken to a woman who had recovered with great difficulty after a former tedious labour.

When I examined, the *Os Uteri* was open to about the breadth of a crown, the membranes, with the waters, were pushed strongly down, and I felt uncommon hardnesses and strictures at the *Os Uteri*, in the *Vagina*, and at the lower part of the *Os Externum*.

The nurse, who formerly attended her, told me, that for some days after her last delivery, little fleshy substances were now and then discharged, of a blackish colour and bad smell; and that a long time elapsed, before she recovered and was able to sit up.

The labour now proceeded very slowly, until the mouth of the womb was fully opened, and the membranes breaking, the contracted *Vagina* was gradually stretched by the head of the child; for notwithstanding the callosities which still continued, the neighbouring parts yielded by degrees, and although it was long before the *Os Externum* was sufficiently dilated, at last the child was delivered.

I managed this case with great caution, because, from the imperfect accounts of her former

former labour, I supposed there had been a violent inflammation, and that the callous strictures were the consequence of a partial mortification which had been separated and cast off by nature.

I kept her mostly in bed, and during every strong pain, pressed my fingers against the head, so as to abate the force of the protrusion, and allow time for the relaxation of the strictures; by which means the labour succeeded beyond expectation.

N U M B. III. C A S E I.

Of the detention of the shoulders and body of the child, after the head is delivered.

In the year 1725, I was called to a patient in labour after the child's head was delivered, as the midwife could not extract the body, though she had pulled a long time with a good deal of force. I found the navel-string surrounding the neck, and luckily hooking with my finger that part of it which was next the child's belly, it was so loose as to slip over the head; I undid two other circumvolutions in the same manner, and the child being disentangled, was immediately delivered.

I have, in many other cases, freed the child from the circumvolutions of the *Funis*, in the same manner; and was disposed to believe, that it was very seldom if ever necessary to

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to cut and tie this rope before the delivery of the child, until my opinion was altered by the two following instances.

C A S E II.

In the year 1749, I was called in a great hurry to a woman whose delivery was retarded by the same cause described in the foregoing case, and tried to disengage the child from the circumvolutions of the *Funis*, though without effect. Then, without waiting to make a ligature in two places, as we are commonly directed to do, I insinuated my fingers between one of the turns and the child's neck, snipt the *Funis* in two with my scissars, and delivered the body of the child, which was dead.

The face and neck were very much swelled, and in this last appeared a deep impression from the tightness of the circumvolution.

C A S E III.

In the year 1751, I was concerned in another case of the same nature, and after having attempted, without success, to disengage the child by turning the *Funis* over the head with my finger, I made a ligature in two places, between which I snipt it asunder.

The consequence of this operation was, the immediate delivery of a strong lively
8 child;

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child: another ligature was made near the *Abdomen*, and the superfluity of the *Funis* cut off.

In a few cases I have found delivery retarded by the shortness of the *Funis*; but the child was always safely delivered, by turning the body along the breech of the mother.

C A S E IV.

In the year 1730, I received a sudden call to a gentlewoman in labour; the child's head had been delivered a long time, and the midwife had pulled with a great deal of force, at intervals. But before I arrived, the patient was delivered of a dead child, whose shoulders were remarkably large. I have been called by midwives to many cases of this kind, in which the child was frequently lost.

C A S E V.

In the year 1753, I attended in a labour that was rendered tedious by the large size of the body after the head was delivered. I attempted to bring down the shoulders in the gentlest manner, according to the directions in my treatise, but found I could not succeed without using such force as would overstrain the neck, and destroy the child: for the shoulders

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ders were so high that I could not reach with my fingers to the armpits. I then introduced the blunt hook, but could not succeed, without running the risque of breaking the arm, or overstraining the joint at the shoulder; and, as the woman had strong pains, I resolved to wait their effect, without using any violence that might endanger the life of the child; accordingly, in three pains, I brought the shoulder down to the *Os Externum*, then turning one of the arms into the hollow of the *Sacrum*, the body followed, and the child was born alive. From this and other cases, I have learned to wait the effect of the labour-pains, rather than to use violence in pulling at the neck.

C A S E VI.

Communicated in a letter from Mr. *A*—, dated at *E*—, 1749.

I have had lately another melancholy case in midwifery. I was sent for to a woman, aged forty, who had born several children before. When I came, I found the frontal and parietal bones separated from the rest and without the *Vagina*, the brain being evacuated. I slipped up my fingers, and found the *Os Tincæ* contracted about the neck of the child, and endeavoured to pull it away, but

in

in vain. I then sent for Mr. *D.* and Mr. *S.* neither of whom could come. I next sent for Mr. *L.* who came, and I desired him to see what he could do, as my fingers were numbed. He first got one hand into the *Uterus*, and then slipped up the fingers of the other, and brought away the child. The woman's pulse before delivery was strong, and she had little flooding: but we had not been gone a quarter of an hour when we were sent for again. They told us, that immediately after we went away, which was about five minutes after delivery, she was seized with a shivering and vomiting, and had fainted. We found her in a swoon, and held spirits to her nose: but she could not swallow, and died in about half an hour after delivery.

Quere, What was the cause of her death? Was it owing to the lypothymia, occasioned by pain or loss of blood, which indeed was not considerable? Or might it not be owing to a rupture of the internal orifice, which the vomiting seems to have indicated?

The ANSWER.

I really think you have had your share of bad and unsuccessful cases: but, in all of them, especially the last, you acted with prudence in sending for others of the profession.

In

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In cases where the head is delivered, and the shoulders are so large, or the lower part of the *Uterus* is so contracted, that the body cannot be brought away by pulling with moderate force, if the woman's pains have not entirely left her, or she is not in a dying condition from floodings, or other symptoms, the best method is to wait for the effect of the labour-pains: for I have lately been concerned in a case of a weak woman, where the body of a live-child was delivered half an hour after the head was without the *Os Externum*.

Now, as your patient was not weak, I think you might have waited and amused her with medicines. Or if she had turned weak, and nature seemed insufficient, you might have pushed up your hand, and after having stretched the contracted part, tried to deliver the child: if this method had failed, recourse might have been had to the crochet, as the child was already dead. This being fixed upon the body, would, by dilating the *Thorax* or *Costæ*, have diminished the bulk, and brought down one shoulder a great way before the other.

I cannot pretend to ascertain the cause of the woman's death.

I have been concerned in several cases, where, though the *Os Internum* was tore, the patient was recovered without vomiting or any other

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other bad symptoms; and have known other women die, as it were, instantaneously after delivery, though I always imputed such sudden death to their being exhausted by long labour, the sudden emptying of their vessels, and a greater loss of blood than their constitution could bear.

COLLECTION XXII.

Of children supposed to be dead-born; of the head squeezed into different forms; of the FUNIS not sufficiently tied, broke short, or separated in a wrong place.

NUMB. I. CASE I.

Of children supposed to be dead born.

In the year 1747, I was called by a midwife to a woman in labour in the seventh month, who, before I arrived, had flooded a good deal, though the hæmorrhage was stopped.

The patient was soon delivered of a child, to all appearance dead: and, after the midwife had tried the common methods of rubbing the temples and breast with brandy, whipping and holding onion to the mouth and nose, it was laid by in a closet. About five minutes were consumed in these experiments, and in two or three minutes more, while I was prescribing some medicines to recruit the weak patient, I heard a kind of whimpering noise in the closet. Not knowing where the child was laid, I asked if there was a kitten confined in that place. The nurse immediately ran into the closet, and brought out the child, which was alive, and afterwards reared, though with great difficulty.

CASE

C A S E II.

In the year 1749, I attended a woman in labour, and the navel-string presenting with the arm, I delivered the child by the feet. From the pulsation of the arteries of the *Fundus*, I knew it was alive; but I found great difficulty in delivering the head, and was obliged to rest several times before I could effect it; so that the pulsation ceased, and the child seemed to be dead, after all the common efforts were used for its recovery.

Nevertheless, I inflated the lungs, by blowing into the mouth through a female catheter, and the child gave one gasp, upon which I repeated the inflation at several intervals, until the child began to breathe, and it actually recovered.

N U M B. II. C A S E I.

Of the child's head squeezed into different forms.

In the year 1750, I attended a woman who had before been subject to lingering labours, occasioned by the small size of her *Pelvis*: at this time, however, the delivery was pretty quick, because the child was small, and the bones of the *Cranium* easily yielded and rode one another. But the head being squeezed to a great length from the face to the *Vertex*,

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tex, I pressed the palms of my hands against both these parts, and with great ease brought it to a better form.

C A S E II.

In the course of the same year, I attended a woman who had a large and well-shaped *Pelvis*, and had formerly been favoured with very quick labours: but, on this occasion, the child being large, and the mother weak, the delivery was tedious, and though the child's head was compressed into a longitudinal form, I easily reduced it into the natural shape.

In all cases where the head was thus squeezed, I have been able to alter the form by a gentle pressure between my hands; unless it had been compressed for many hours by being retained in the *Pelvis*, and then I have found it impossible to make an effectual alteration.

N U M B. III. C A S E I.

Of the FUNIS not sufficiently tied, broke short, or separated in a wrong place.

In the year 1726, I delivered a woman whose case was preternatural. Though the navel-string was thicker than usual, I thought I had tied it sufficiently, and the child being laid by the fire, continued in that situation a good while before it was dressed, because the attention of myself and the attendants was engrossed

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engrossed by the mother, who was extremely weak and low. After she was recovered and laid properly in bed, I went towards the child, and was very much surprised to see so much blood lost, and to observe it still flowing from the *Funis*. I no sooner discovered this, than I made another ligature on the outside of the former, and pulling it very tight, the discharge lessened, though it did not entirely cease, until I had made a third. The child, which seemed to be healthy and florid when first born, was exhausted by this hæmorrhage, and continued weak and pale for several days, until it was recovered by sucking the mother.

Thick navel-strings require very firm ligatures, and a good portion of them ought to be left in the separation.

C A S E II.

In the year 1744, having delivered a woman whose case was laborious, I desired one of the assistants to hold the child before the *Funis* was cut or tied, until I should move the woman a little further into the bed, that she might not run the risque of catching cold.

The assistant, who received it in a hurry and trepidation, pulled away so suddenly, as to break the *Funis* short from the belly, when the midwife perceiving the child to bleed excessively,

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cessively, took hold of the part, and pressed it firmly between her fingers and thumb.

I had just room enough to make a ligature, and was obliged to take a stitch with a needle, in order to secure it from slipping.

C A S E III.

In the year 1745, after having delivered a patient of a small and weakly child, I tied and cut the navel-string, and put the child into the hands of a woman, who pretended to great skill and experience, and had come thither to superintend my conduct. I no sooner laid hold on the *Funis*, than feeling the ligature upon it, I was convinced that I had separated the rope between it and the child's belly, and not a little disturbed, as I had to deal with such a censorious matron. However, I recollected myself in an instant, and desired to see the child, that I might know whether or not the navel string had bled sufficiently, for by such a discharge I had often prevented convulsions in children. I immediately perceived the blood springing out from the arteries with great force, and before I could make a proper ligature, the child had lost three or four ounces, by which evacuation it continued several days in a very weak condition. Indeed, when the child is large, and the head has long been compressed in the

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Pelvis, I have imagined, that by tying the ligature slightly at first, so as to let the *Funis* discharge two or three spoonfuls, convulsions have been prevented: but this was a small child that passed easily, and could not well bear such an evacuation.

Nevertheless, my mistake turned to my advantage with the knowing lady, who was very loud in my praise, for having found out such an effectual and extraordinary method of preventing convulsions in children.

COLLECTION XXIII.

Of cases in which the PLACENTA was with difficulty delivered.

CASE I.

In the year 1725, I was called to a woman in labour in the seventh month, who flooded violently, and delivered her safely of the child: but as the *Placenta* did not follow, I introduced my hand and felt some parts of it firm, which I separated with great difficulty. The flooding which had stopped, now returned, and the patient in a little time fell into fainting fits, and expired.

CASE II.

In the year 1744, I was called to deliver the *Placenta* in a woman who had miscarried in the sixth month. Finding it a case of the same nature with that described above, I resolved to act with greater caution, and extracted those parts only that separated with ease, leaving such as strongly adhered to come away of themselves.

I told the midwife my reasons for acting in this manner, and prognosticated that what remained would be expelled in two or three days, and pass for common clots or coagula.

This

This accordingly happened, without any bad consequences to the patient.

C A S E III.

In the course of the same year, about seven in the evening, I, at the desire of a physician, visited a poor woman, who had been delivered at eight in the morning; but, as the midwife had broke the *Funis* in pulling, the *Placenta* still remained, to the great terror of the patient and her friends. Imagining that a good deal of force would be required to extract it, I ordered the woman to be laid supine across the bed, with her breech to the side, and her legs raised up and supported by two assistants. Then anointing my hand, and introducing it into the *Vagina*, I gradually dilated the *Os Internum*, but found the lower part of the *Uterus* so strongly contracted, that I, at first, despaired of making further progress; and the force I exerted was so great, and my hand went up so high, that I was apprehensive of tearing the *Uterus* from the *Vagina*. Feeling the womb roll about, under the relaxed parietes of the *Abdomen*, I pressed one hand on the outside, to keep it down and prevent its motion, while I proceeded slowly, pushing up and stretching by intervals, with my fingers in the form of a cone. By these means, I gradually dilated the parts,

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parts, though I was obliged to change hands several times, because my fingers were cramped, and at length, with great difficulty, I reached the *Fundus*, where the *Placenta* had been so strongly confined. Having gained my point thus far, I easily separated, and brought it gently along.

C A S E IV.

In the year 1729, immediately after delivery in a laborious case, I introduced my hand to bring down the *Placenta*, and it passed up, as I imagined, into the lower part of the *Uterus*; pushing up farther along the navel-string, my fingers slipped into a contracted part, and the *Placenta* felt as if it had been contained in a separate cavity from the *Uterus*. As I pushed up, in order to dilate the contracted part, it rose up higher and higher, moving from side to side, under the relaxed parietes of the *Abdomen*, until, by applying my other hand on the outside, I pressed down the *Fundus*, and kept it steady. Then I gradually dilated, and insinuating my hand into the part where the *Placenta* was confined, I felt it lying loose and detached from the *Fundus*, seemingly retained by this contraction only; so that it was easily extracted.

From this and several other cases of the same kind, I was disposed to believe Dr. Simpson's

son's theory concerning the contraction of the upper part of the neck of the *Uterus*, until I found, in a great number of instances, the whole lower part of the *Uterus* contracted as described in the third case.

C A S E V.

In the year 1745, I found, after delivery, the edge of the *Placenta* at the inside of the *Os Uteri*, and waited some time to see if it would come away of itself; but the midwife informing me that it had continued in the same situation for a considerable time before I was called, and that she had tried the common methods of pulling at the *Funis*, and directing the patient to bear down, I introduced my right hand into the *Vagina*, as the woman lay on her left side, and pushing up along the navel-string, found the *Placenta* adhering to the back-part of the *Uterus*. Then grasping it with my whole hand, I attempted to separate by squeezing; this expedient failing, I attempted to part the upper-edge with my fingers, but it adhering firmly at that part, and my hand being much confined, I withdrew it, and introduced the left, with the back to the *Sacrum*. I now gradually separated the lower edge of the *Placenta* from the inferior and posterior part of the *Uterus*;

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Uterus; and finding it adhere firmer as I reached farther up, I pressed my fingers with greater force against these parts, which felt callous, and by degrees disengaged them from the *Uterus*. By this time, imagining I had separated the whole *Placenta*, I attempted to bring it along, by pulling at its lower part as well as at the *Funis*; but these efforts proving ineffectual, I pushed up again, and made a total separation, after which I brought it away in a very ragged condition: but the woman complained of a good deal of pain, lost an uncommon quantity of blood, and continued weak for a long time.

I have often thought that this hurrying method was unnecessary, and productive of many complaints to the patient: for in many cases that have since occurred in my practice, the *Placenta*, when the edge of it was found at the mouth of the womb, has come down of itself at leisure; the woman has lost less blood, and recovered better, than where force hath been used to extract it immediately.

C A S E VI.

In the year 1747, I was called to a woman who had been delivered several hours. The midwife told me she had at first tried gentle methods to bring down the *Placenta*, but to no purpose, and afterwards introducing her

her hand along the navel-string, could not find it.

I insinuated my hand as she lay on her left side, and found the *Placenta* contained, as it were, in a distinct cavity at the upper part, and left side of the *Uterus*; but as the patient moved from me, and could not be kept steady, and the *Uterus* rolled about as I endeavoured to dilate the contracted parts, I put her in the position described in the third case, and extracted the *Placenta* in the same manner.

The appearance here was different from any I had formerly felt; there was a pretty large space for the hand in the *Uterus*, and the *Placenta* felt as if it had been contained in a separate cavity on one side, the entry of which would at first scarce admit two or three of my fingers.

I understood from the midwife, that the membranes had broke long before delivery, that the woman was very big, and a large quantity of water had been discharged. This sudden evacuation, in all probability, was the cause of the womb's contracting itself into such a cavity around the *Placenta*.

C A S E VII.

In the same year, I was called to a woman in labour, and finding her belly pendulous, I ordered her to be laid on her back with her shoulders

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shoulders low and her breech raised. The child's head being small, she was soon delivered, and I desired the midwife to let the *Placenta* come slowly away. Nevertheless, as it was not immediately expelled, and she was loth to lose the credit of the operation, she pulled with such force as broke the *Funis* close to the *Placenta*, and afterwards introduced her hand to separate, though without success. I was then called from the next room to her assistance, and being informed of the accident, took the opportunity of the patient's being still in the proper position, to introduce my right hand into the *Uterus*, to the fore-part of which I found the *Placenta* adhering: but it was so much forwards, that I could not separate, while she remained in that position; I therefore turned her on her left side, so as that my hand could reach farther forward, and effected the separation.

C A S E VIII.

In the year 1750, after having delivered a woman of a dead child, I found the *Placenta* gradually descended into the *Vagina*; and imagining it was fully disengaged from the *Uterus*, I helped it along, by pulling gently at its under-edge, and at the navel-string. However, it was so tender, from being mortified, that some part of it was left behind; but
feeling

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feeling the *Os Uteri* closely contracted, and the womb itself reduced to the size of a small child's head, I thought it was pity to give the woman fresh pain by dilating the parts, and the fragments were discharged in three days, without any other inconvenience to the woman than the bad colour and smell of the *Lochia*, which gave no uneasiness or alarm, because I had apprised the nurse of what would happen.

C A S E IX.

In the year 1752, I delivered the wife of a gentleman who had formerly attended my lectures. The *Placenta* was expelled by the labour-pains, so that I did nothing but help it through the *Os Externum*; but the membranes were tore all round from the edge of it, and detained in the *Uterus*, which was contracted as in the former case.

The gentleman agreed with me, that it was more prudent to let them come away of themselves, than to run the risque of hurting and inflaming the womb; and they were accordingly discharged in four or five days, without the least inconvenience to the patient. Vide Ruysch, Tom. iii. Dec. 2. p. 30.

And Mr. *Portal*, Observ. XVI. relating to the *Os Internum*, tore by its being mistaken for the *Placenta*.

C A S E

C A S E X.

Communicated in a letter from Mr. —, dated 1746.

About nine in the evening, he was sent for to a woman who had been delivered of a live child that morning, but the *Placenta* remained; and he found her in strong hysteric or convulsion fits, which recurred almost without intermission. The *Placenta* adhered so firmly to the *Uterus*, that with great difficulty he separated part of it, and what came away was brought off in several pieces: but the woman died in a few minutes after the operation.

These are only a few from the many cases of this kind, in which I have been concerned.

When I lived in the country, I was seldom called to deliver women, except in laborious and preternatural cases, and then the woman was generally so weak and fatigued, that I was afraid of waiting, and therefore extracted the *Placenta* soon after the child was born: but if the patient was not in danger, I commonly left that office to the midwife, whose method was to proceed with patience and caution, bringing it away, by pulling gently at the *Funis*, directing the patient to force down, or provoking her to puke by tickling her throat with a feather.

When

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When I settled in *London*, I found the practice, in this particular, quite different; the women were always in a fright when the *Placenta* was not immediately delivered, when it was in the least lacerated, or when any part of it and the membranes were retained. For this reason, male practitioners were so often called; and they, from mistaken notions adopted from former writers, never failed to blame the midwives for having neglected so long to deliver the *Placenta*, observing that if they had been called at first, before the *Uterus* was contracted, they could have easily prevented the bad consequences which were likely to ensue. Such insinuations alarmed the women, and, in order to avoid these reproaches for the future, the midwives did not wait as formerly, but hurried off the *Placenta* immediately after the child. But this practice did not answer their aim: for if the *Placenta* was torn, or any part of it, or the membranes retained, and the patient chanced to be seized with a fever, perhaps from a different cause, so as not to recover in the usual way, it was always imputed to the retention of these portions, and the midwife blamed accordingly.

I have been often amazed at the ridiculous and superstitious observations of practitioners with regard to the knots upon the *Funis*,

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scirrhus appearances, and the different shape or figure of the *Placenta*, which was often kept nine days in water and the circumstances of the woman's recovery, predicted from its colour.

I at first swam with the stream of general practice, till finding, by repeated observation, that violence ought not to be done to nature, which slowly separates and squeezes down the *Placenta* by the gradual contraction of the *Uterus*; and having occasion to perceive, in several instances, that the womb was as strongly contracted immediately after the delivery of the child as I have found it several hours after delivery; I resolved to change my method, and act with less precipitation in extracting the *Placenta*. What helped to determine me upon this occasion, was a case in which the woman was so weak, that I durst not venture to separate, though I waited three hours, without finding the *Placenta* at the Os *Uteri*; nevertheless, when she recovered a little, a few after-pains came on, and forced it down to the *Vagina*.

Soon after this occurrence, in consulting *Ruyfch* about every thing he had writ concerning women, I found him exclaiming against the premature extraction of the *Placenta*. His authority confirmed the opinion I had already adopted, and induced me to chuse

a more natural way of proceeding. Either before or after I have separated the *Funis*, and given away the child, I introduce my finger into the *Vagina*, to feel if the *Placenta* is at the *Os Uteri*; and if this be the case, I am sure it will come down of itself, at any rate. I wait some time, and commonly in ten, fifteen, or twenty minutes, the woman begins to be seized with some after-pains, which gradually separate and force it along. By pulling gently at the *Funis*, it descends into the *Vagina*, then taking hold of it, I bring it through the *Os Externum*. But if, after having waited a considerable time, without feeling any part of the *Placenta*, or perceiving any natural efforts for its expulsion, I provoke the woman to reach, and if this expedient is not attended with success, I insinuate my hand gently, and deliver the cake, observing always a medium between the two extremes of practice, namely, that of delivering too soon, and that of waiting too long for its expulsion. But it must be observed, that in laborious or preternatural cases, when the woman is in danger, I commonly assist sooner.

COLLECTION XXIV.

Of laborious cases, when the VERTEX presents, and the child's head is low in the PELVIS, and delivered with the Fillet.

CASE I.

In the year 1730, I was in the morning called to a woman in her first pregnancy, who had been long in labour, and very much fatigued by the officiousness of the midwife. I found the child's head at the lower part of the *Pelvis*, where, as the midwife told me, it had remained from eight o'clock of the preceding night, tho' she had tried all the different positions; and I understood that the waters had been draining off for twenty-four hours.

Having lost some children in cases of the same nature, by turning, and others by being obliged to deliver with the crochet, after having tried *Mauriceau's* fillet without success, I resolved to form a fillet into a noose, and endeavour to fix it round the upper part of the head with my fingers, hoping that I should succeed in this case, because I found the head was small, by moving my fingers easily round it. Yet, before I would attempt this method I prescribed ten drops of liquid laudanum, by which she procured some sleep. Her strength
 5 being

being recruited, the pains returned, though weakly, and the head was forced down a little by each, though it afterwards recoiled to its former situation: a circumstance, which I at first imputed to circumvolutions of the *Funis*, or the contraction of the *Os Uteri* round the neck of the child. The *Os Externum* having been sufficiently opened by the midwife, I tried to slide up the noose mounted on my fingers, along the side of the head, and after many unsuccessful efforts at length fixed it: then I pulled gently with one hand during every pain, while I pressed with the fingers of the other, at the opposite side; and thus pulling and moving from side to side, I made shift to deliver, though not without having used a good deal of force; and the hairy scalp was pretty much galled, but not so as to endanger the life of the child.

When I introduced the noose, I was certified that the difficulty did not proceed from the contraction of the *Os Uteri* round the neck, by feeling the *Os Tincæ* at the middle of the head; and when the child was delivered, the *Funis* was not circumvolved, round the neck, so that I could not find out the cause that retarded the labour: I continued several years in this uncertainty, until I discovered that, in many cases, this ob-

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struction proceeds from the contraction of the lower part of the *Uterus* before the shoulders, or from the retention of these upon the *Pubis*.

C A S E II.

In the year 1733, I was concerned in a case of the same nature, and found the woman much weakened by frequent discharges of blood. I delivered her, in the manner described in the former case, of a child that had been dead for some days; though I was obliged to exert greater force, because the head was larger, by which means the scalp was more galled, and part of it torn from the *Cranium*.

C A S E III.

In the year 1737, I tried to use the fillet upon a child which was higher in the *Pelvis*, but could not fix it until I pushed the head above the brim; then my hand having more room, I accomplished my aim, and succeeded better in this than in the former instance, for the hairy scalp was not so much galled, because the woman had stronger pains to assist the expulsion.

I tried the fillet in several other cases, without success, and was obliged to deliver with the

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the crochet, because the children were large. In the three cases I have related, the head being small, I attempted to turn and bring the child by the feet; but was prevented by the strong contraction of the *Uterus*; and I am now certain, that had I then known how to use the forceps, I could have delivered with great ease, not only in these but in several other cases where I failed with the fillet.

COLLECTION XXV.

Of laborious cases, when the head of the child is low in the PELVIS, and delivered with the forceps.

Vide Vol. I. Lib. III. Chap. II. Sect. 4. No. 1. Tab. XVII, XVIII, and XIX.

NUMB. I. CASE I.

From weakness and anxiety of mind.

In *April* 1747, being called in the evening to one of the poor women who admitted my pupils, I found her in labour of her third or fourth child, and reduced to extreme weakness by long fasting, as she had not been able to go abroad for several days to beg in the streets. I immediately supplied her with some caudle, bread and broth: but her stomach was so weak, that it could retain but very little; for though I desired she should take it at first by cup-fuls, she was so greedy of nourishment that she swallowed too much at once. However, she was afterwards restrained from doing herself an injury, and her stomach kept enough to recruit her strength, in some measure. I found the *Os Uteri* largely open, the membranes broke, and the head, at the upper part of the *Pelvis*. I left one of the eldest pupils to manage her labour, advising him to persist in giving her nourishment,

at

at proper times and in small quantity, and to let her lie mostly in bed, that she might enjoy some sleep and refreshment.

Indeed, when we first arrived, all of us were of opinion that she would expire; but in two hours I found her pulse raised, and her strength recruited, though she was still weak, and her pains seldom recurred. Thus she continued all night, sleeping between the pains; and when I called in the morning, I found the child's head advanced lower in the *Pelvis*. I could then distinguish with my finger, the ear at the *Pubis*; and by the forepart of it, I discovered, that the forehead was to the left side of the brim of the *Pelvis*, and the *Occiput* down at the lower part of the right *Ischium*. I likewise perceived that the head was not large, because I could easily introduce my finger all round the lower part of it: and I felt the *Lamdoideal Suture* crossing the end of the *Sagittal* on the right, and the *Fontanelle* higher up on the left side.

I left her again, after having desired the pupil to proceed in the same cautious manner, hoping, that as the patient was much recruited, the pains would grow stronger, and deliver the child.

Being called in the evening, and understanding that the pains were still weak, and the gossips uneasy, I examined in time of a pain,

a pain, and found the head was lower, with the left ear turned to the left groin of the mother, the *Vertex* pushed out the *Perinæum* and parts adjacent, in form of a tumor, and nothing retarded delivery, but the weakness of the pains.

I waited an hour longer, encouraging the woman and her friends to exert their patience; but finding that, after she had undergone several pains, the head did not advance, and that I could easily assist the labour, I placed her in the position chosen for lithotomy, and gently dilated the *Os Externum* with my fingers during every pain. When one was going off, I slipped up the fingers of my right hand to the *Os Uteri*, on the left side of the *Vagina*, introduced one blade of the forceps between them and the head, turned the blade up towards the woman's groin, over the child's ear, holding it in an imaginary line with the *Scrobiculus Cordis*: then withdrawing my right hand, with which I took hold of the handle, I introduced the fingers of my left, on the opposite side, but more backwards, to the space betwixt the *Sacrum* and *Iscbium*, where the other ear was situated, within the *Os Uteri*, and pressing the head against the blade that was introduced, so as to keep it in its place, I with my right hand insinuated the other blade in the same manner

on the right side of the *Vagina*: Having secured and locked them together, I waited for a pain, and then pulled gently, by which means the head advanced slowly and gradually. This operation I repeated during every pain, the *Os Externum* was gradually dilated, the child's forehead turned into the lower and back-part of the *Pelvis*, and the *Vertex* came out below the *Os Pubis*. By this time the tumor occasioned by the distension of the external parts, was become much larger, the *Perinæum* was extended near three inches, the fundament stretched to two, and the parts between this and the *Coccyx* much enlarged. The *Occiput* coming out from below the *Os Pubis*, so as that I could with my finger feel the back part of the child's neck, I stood up, turned up the handles of the forceps, and gently moved from blade to blade, while at the same time I pressed the flat part of my hand upon the *Perinæum*, to prevent its being lacerated. Thus I continued pulling upwards by intervals, until the head was safely delivered; then taking off the forceps, the body was easily extracted.

While I was employed in tying the *Funis* some of the pupils observed, thro' the thin covering, that the woman's *Abdomen* was still very big, and on examining in the *Vagina*, I felt the membranes and waters of another child,

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child, which I brought by the feet, after the patient had taken some wine and water, and recovered of the fatigue of the first delivery.

I used the forceps in this case, as a pair of artificial hands to assist the delivery, because the pains were too weak to expel the child.

C A S E II.

In the same year, I and my pupils attended another woman, in labour of her first child, who was reduced to a very weak and low condition, by a tertian ague and extreme poverty. I was obliged to assist with the forceps, in the same manner as in the foregoing case, but the head was not so soon delivered, because the parts were more rigid. One of my female pupils first observed, that the *Abdomen* was very large after delivery, and I found there was a second child, which was likewise brought by the feet.

C A S E III.

In the year 1749, I was called to a woman who was taken in labour of her first child, and reduced to a very low state by violent floodings, with which she was seized in the beginning of labour. According to the midwife's report, I found the mouth of the womb open and backwards, and the waters were not yet discharged. As the patient lost blood
very

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very fast, I introduced a finger into the *Os Internum*, and brought it forwards towards the *Pubis*, and this irritation produced a pain which pushed down the waters and membranes: these I tried to break, but not succeeding, I with two fingers pulled forward the *Os Uteri* a second time, and another pain ensuing, I slipped the point of my scissors between them, and as the child's head lay at a distance, easily snipt the membranes. The waters were immediately discharged in great quantity, and as the head came lower and locked up the parts, the flooding diminished and in a little time entirely ceased. I then directed the woman to take a little broth frequently, and some wine and water, or caudle, until the broth could be made, and desired the attendants to give her two spoonfuls of the following mixture every now and then, as a cordial.

*R. Aq. Cinamom. Simp. ℥v. Tinct. Thebaic. gut. x.
Syr. e Meconio ʒij. M.*

Her pulse being very low, the pains ceased for a considerable time, but by degrees she recovered from the extreme languor occasioned by loss of blood. As the discharge was stopped, I exhorted the women to wait patiently for the efforts of nature, and ordered the midwife to keep her quiet, and continue to administer the broth by little and little, as
her

her stomach could bear it, until the loss of blood should in some measure be supplied. At the same time, as she was inclined to dose, I desired that she might have no more of the cordial. These directions I left in the evening: and I was called again at six next morning, when the midwife told me the pains had returned soon after I left the patient, but were so weak, that although the child's head was come low down, it could not be delivered without assistance. Upon examination, I found the *Vertex* at the *Os Externum*, and the back-part of the neck at the *Pubis*. The patient, though much recruited, being still weak and the pains languid, I directed the midwife to proceed in supporting her with the broth, and prescribed a cordial mixture, without any opiate, to amuse the woman and her friends.

I received another call at twelve, when I found things in the same condition; the pains being so feeble, that although the *Vertex* was at the *Os Externum*, they had not force sufficient to propel it: I therefore began to dilate the *Os Externum* gradually during every pain, and moving her breech to the side of the bed, though in consideration of her weakness, I let her lie on her left side, I introduced the blades of the forceps, one after another, at each side, between the *Sacrum*
and

and *Ischium*, moving them forwards over the ears of the child; and although I could not reach the *Os Uteri* with my fingers, yet they passed without much difficulty. When they were exactly opposite to each other, and in a line with the *Scrobiculus Cordis*, I managed them as in the two former cases, and delivered the head slowly.

C A S E IV.

On the third day of *July* 1750, I received a message from a midwife, desiring me to prescribe some medicines to quicken the labour pains in a woman whom she attended. As I was then engaged, and would not prescribe without being more fully informed of the patient's condition, I sent one of my elder pupils to receive a more perfect account from the midwife herself; who told him, that the poor woman had been three days in labour, but would not allow him to examine, though she earnestly requested my assistance.

As soon as I was disengaged, I accompanied him to the place, where I found this loquacious midwife extremely ignorant, without the least tincture of knowledge in her profession. When called to the patient, whose pains were just beginning in this her first labour, she had walked her about and fatigued her so much, that she was quite exhausted,
and

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and the pains had entirely ceased. She said, she had done all that lay in her power to make room for the child, and that her fingers were swelled and painful with stretching the birth; but she could not inform me how long the waters had been discharged. Finding, upon examination, the head at the lower part of the *Pelvis*, and the hairy scalp of the child, as well as the *Os Externum* of the mother, very much swelled, I ordered her to be put to bed, prescribed an anodyne mixture of *Aq. Fontan.* ℥v. *Tinct. Thebaic.* gut. xx. sweetened with sugar, directed her to take two spoonfuls every half hour, in order to procure sleep, and applied to the *Os Externum* a large poultice of loaf-bread and milk, with hogs-lard. These steps were taken in the evening, and I was again called at three o'clock in the morning, when I went, attended by my pupils, who were permitted to be present. The woman had enjoyed tolerable rest, and the poultice being removed and the parts washed, we perceived the swelling was much abated. We therefore waited several hours in expectation that the pains would increase, so as to dilate the *Os Externum* slowly, and effect the delivery. In this hope, however, we were disappointed: then I resolved to assist with the forceps, as the head was so low down; though it was so swelled, that I could not distinguish
its

its position: for I could feel neither future, ear nor back-part of the neck. Nevertheless I concluded, that as it was so low down, the ears would be to the sides of the *Pelvis*, especially as the soft parts below were protruded by the head, yet not so much as to allow me to reach to the forehead, if backward, by introducing a finger in the *Rectum*. However, I thought it highly probable, that the forehead was backward towards the *Sacrum*, rather than forward towards the *Pubis*; and in this persuasion, I directed the woman to be laid on her back across the bed, with her breech a little over the side, her head being supported by the bolster and pillows, and two assistants holding asunder and supporting her legs. Then I introduced a blade of the forceps on each side of the head, and gradually assisting as in the foregoing cases, delivered the woman without lacerating her parts, or even marking the child's head.

C A S E V.

Communicated in a letter by Mr. *Pudlecomb*,
at *Lynn Regis*, 1743.

He was called to a woman who had been two days and nights in labour, and very much fatigued. The pains had left her, and though the head presented at the upper part of the *Pelvis*, he delivered her safely of a live

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child, whose head retained no impression or mark of the forceps.

C A S E VI.

Communicated in a letter from Mr. *Jordan*, dated *Folkestone*, 1751.

The woman had been for a considerable time in strong labour, so that her face was excessively swelled, her eyes ready to start from her head, and she was hardly able to speak. The *Labia* were very much tumefied, the *Vertex* presented, the head was low in the *Pelvis* and lay diagonal, the forehead being to the side of the *Sacrum*, and the *Occiput* at the mother's groin on the opposite side, in which situation it had continued for the space of five hours.

After having placed her in a supine posture, he introduced the forceps, and delivered her of a dead child. As she laboured under a *Dysuria*, from the tumefaction of the parts, cataplasms were applied, and in a few days carried off that complaint.

He likewise wrote that he had in the same manner delivered a young woman of a live child.

C A S E VII.

Communicated by Mr. *Brookes*, in a letter dated *North Walsham*, 1749.

The woman had been long in labour, and the waters were discharged. The child's head was

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was low in the *Pelvis*, the forehead being towards the left *Ischium*, but so strongly compressed that he could not raise it. He was therefore obliged to introduce the forceps diagonal-wise, so that one blade was at the fore-part of the ear, and the other at the back-part of the other ear. After having turned the forehead, backwards, into the hollow of the *Sacrum*, he delivered the woman; and the midwife, and all present, were agreeably surprized when they heard the child cry, as they took it for granted its life could not be saved.

Mr. *Brookes* says, he did not use this method until after he had waited two hours, to see if, by dilating the parts, the child, which was the woman's first, could not be delivered by the labour-pains.

N U M B. II. C A S E I.

From anxiety of mind.

In *Nov.* 1745, being called to a patient, the midwife told me, that the labour had gone on as well as she could desire, until an officious woman came in, and in her hearing said, there was a fire in the neighbourhood. She was so much alarmed and affected at this report, that she was immediately seized with faintings and shiverings, and her pains in a manner ceased.

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Upon

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Upon examination, I found the head low in the *Pelvis*, the back-part of the neck being at the upper part of the *Pubis*; from whence I concluded, that the forehead was turned to the concavity of the *Sacrum*, and that the ears were at the sides of the *Pelvis*, all the back and lower part of which was filled up with the parietal bones.

The patient being of a weak and lax habit, her pulse low, and her spirits depressed, I prescribed the following julap.

R *Aq. Cinamom. simp.* ℥v. *Cinamom. spirit.* ℥℔.
Tinct. Castor. Sp. C. C. ā gut. xxx. *Confect. Cardiac* ℥℔. *Syr. Croci* ℥℔. *M.*

Of this she took two spoonfuls frequently, by which her strength was a little recruited, but her pains continued weak and seldom recurred, and I plainly perceived, that the labour was retarded by nothing but the want of stronger efforts; for I knew the child was small, because I passed my fingers all round the head, which was not retracted after a pain.

I had placed her in a position betwixt sitting and lying at the bed's foot, one woman being behind to hold up her head and shoulders, and two others on each side to support her legs, in hope that the weight of the child might assist the delivery. But finding, that although the head was so low, it did not advance, and having waited to no purpose for
the

the effect of a great many successive pains, which I encouraged and endeavoured to increase by stretching every now and then the *Os Externum* with one or two fingers, I thought it would be the safest method, both for the mother and child, to assist as in the former cases of this collection.

Although a supine position would have better favoured the introduction of the forceps, yet, as the patient was weak and the weather cold, I kept her on her left side, her breech being moved to the bed-side, and her knees up towards the *Abdomen*, with a pillow between to keep them asunder.

Then insinuating two fingers of my right hand between the *Sacrum* and left *Ischium*, to the inside of the *Os Uteri*, I with the other, introduced one of the blades, turning it forwards to the left ear of the child. Now withdrawing my right hand, with which I held this blade, until I pushed up the fingers of the left hand at the other side, between the *Sacrum* and right *Ischium*, to the *Os Internum*, I introduced the other blade, moving it forwards over the right ear, and taking care, as I went up, to turn the handles of the forceps more and more backwards. Finding the blades exactly opposite to each other, I locked them, and began to pull gently from blade to blade, during every pain. As the head ad-

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vanced and dilated the *Os Externum*, I, with my right hand, turned the handles of the forceps more and more towards the *Os Pubis*, at the same time pressing the palm of my left-hand upon the *Perinæum*, which was now pretty much distended. In a few pains the head was delivered, by moving the handles with an half round turn towards the *Abdomen* and between the thighs, while, with the other hand, I slipped back the *Perinæum* over the forehead and face of the child. Then taking off the forceps, the body was delivered, and the *Placenta* coming down, was soon extracted.

C A S E II.

In the year 1746, my attendance was bespoke to a woman who lost her husband during her pregnancy: she was naturally of a weak and delicate habit of body, but her weakness was so much increased by the grief produced from this misfortune, that she looked like one starved by want of sleep, appetite and digestion. When labour came on, I was afraid she would have sunk under it; for she fainted several times, and threw up every liquid or cordial that was given to support her.

I kept her constantly in bed, and as it was her first child, the *Os Uteri* was very slowly opened

opened by the waters and membranes, which luckily did not break, until this part and the *Vagina* were fully dilated. As for the *Os Externum*, which I feared would not so easily yield, it was lubricated with pomatum, and I every now and then gradually stretched it with my fingers, during a pain. When the membranes broke, a large quantity of waters were discharged, the child's head being small, soon came down to the *Os Externum*, the pains entirely ceased, she could now keep some broth on her stomach, lay a long time quiet and easy, and enjoyed some sleep, by which she was very much refreshed.

In about two hours after the waters ceased to flow, she was taken with some slight pains, by which the head was propelled in a slow manner, and pushed the external parts a little outward, though it had not force sufficient to dilate the *Os Externum* for delivery.

After having waited in vain a considerable time, in hope that the pains would at last effect this dilatation, and the patient's strength beginning to fail again, I applied the forceps, and delivered her pretty much in the manner described in the foregoing case.

C A S E III.

In the course of that same year, I was called to a woman by some of her neighbours, who

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told

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told me, it was not known that she was with child until she was in labour, when her mother had beaten, abused, and exasperated her to such a degree, that she had become frantic, and, in her turn, threshed the mother, midwife and all present, who had at length locked her in a room by herself: they therefore begged I would visit her, and bring my pupils along with me.

We found her lying in bed, so sullen, that she would not speak, when the woman told her, they had brought several doctors to keep her in order. I examined as she lay, and feeling the child's head low in the *Pelvis*, waited a long time for a pain, but to no purpose; she seemed to be afraid and lay very quiet. Her breech being moved towards the bedside, some of the gentlemen kept her in that position, until I introduced the blades of the forceps, as in the two last cases, with this difference, the forehead was backwards, though towards the right side, that is, to the membranous part that fills up the empty space between the *Sacrum* and *Ischium*.

She lay quite calm and resigned, while I introduced and placed the blades opposite to each other, and locked the handles firmly with a fillet, to prevent their slipping off the head, in case she should prove refractory: then, she having no pains, I pulled the head

lower and lower, until the *Perinæum* and fundament began to distend, when I turned the forehead more backwards into the concavity of the *Sacrum* and *Coccyx*. I afterwards pulled at intervals, and, as the head advanced and *Os Externum* stretched, I turned the handle of the forceps more and more towards the *Pubis*, and delivered the head and body of the child as in the two former cases.

I have often been called, with my pupils, to the assistance of poor women, who were reduced to a sick and weakly condition by poverty, and the want of the necessaries of life, as well as being fatigued by midwives, who, to use the common phrase, had put them too soon upon labour. Many of these women have, by means of rest and nourishing things, recovered strength, and been delivered by the labour-pains; though sometimes, when the child's head was low down, and the pains so weak as to prove ineffectual, I have, as in the above cases, used the forceps, without doing any violence to mother or child.

C A S E IV.

Communicated by Mr. *Ayre*, in a letter dated
Boston, in *Lincolnshire*, 1748.

While he attended my lectures in the year 1746, he was called to a woman, who, the
day

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day before, had complained of an head-ach, to which she had been sometimes subject; early in the morning she was seized with convulsions, and lay insensible between the fits.

He found the *Os Uteri* open to the breadth of a crown, and very thin; understood the membranes were broke; and the convulsions acted as labour-pains. A small flooding beginning, he tried to assist by stretching the parts, which yielded with some difficulty, and the head being advanced, he delivered the child with the forceps, which had made a small impression, though without excoriation.

The woman continued insensible for three days, but had no fits after delivery, except a few that were slight in the evening, and she at length recovered. The child too, which was weak at first, did well.

C A S E V.

A robust young woman, in the ninth month of her pregnancy, was, without any apparent cause, suddenly seized with violent convulsions, about six o'clock in the morning, after having complained all night of an head-ach and sickness of her stomach with vomiting, which, however, ceased when she was taken with the convulsions. About ten o'clock, I found her violently convulsed, and the *Os Tincæ* a little opened: as she had a
florid

florid complexion and full pulse, twelve ounces of blood were immediately taken from her arm, a stimulating glyster was injected, and a cephalic julap prescribed; but, notwithstanding these remedies, she continued convulsive and quite insensible. Being called again by the midwife at eight o'clock, I found her extremely low, her pulse being scarcely perceptible; and, upon examination, I perceived the child's head was, by the violence of the convulsions, forced low down into the cavity of the *Pelvis*, with the ear towards the *Os Pubis*, and the forehead turned to the *Os Ilium*, on the left side.

The forceps being introduced, in the manner prescribed above, the woman was readily delivered, and the *Placenta*, which firmly adhered to the *Fundus Uteri*, was afterwards brought away. She seemed easier after delivery, but her pulse was so low that it could not be felt, and she expired in about half an hour.

From all these circumstances, it plainly appears, that if the woman had been sooner delivered, she might have recovered as well as the person mentioned in the former case.

COLLECTION XXVI.

Of difficult cases from the rigidity of the parts, circumvolutions of the FUNIS, and contractions of the UTERUS, in which the forceps were used.

NUMB. I. CASE I.

FROM RIGIDITY.

In May 1742, I was called to a young unfortunate creature, about the age of fifteen, who was in labour. The membranes were broke before I arrived, and the *Os Uteri*, which was open to the breadth of half a crown, was very thin, but felt rigid in time of a pain.

Labour proceeded very slowly all night, and when I returned in the morning, I found the child's head low in the *Pelvis*, and the *Vertex* protruding the parts below, in form of a large tumor; but the *Os Externum* was so strait and rigid, that I could scarce introduce two fingers, and the pains were so strong that I was afraid of a laceration. In order to prevent this, I, with the palm of my hand applied against the *Perinæum*, restrained the force of the head, and when the pain went off, dilated the *Os Externum* by little and little. However, two hours elapsed before it was so opened, as to admit all my fingers,

fingers, which were so tired and cramped, that two of the pupils were obliged in their turns to assist in the same manner, and in about two hours more, it was so largely dilated, as to receive about one third part of the child's head, that pushed out in a conical figure.

By this time the poor creature was very much fatigued, and the pains were become so languid, that there was no longer occasion to press the hand against the external part. Though we continued to encourage her, and support her with caudle and broth, that the parts might have time to dilate, she and they grew gradually weaker and weaker, and I began to be afraid, that if assistance should be longer delayed, she might be in danger of her life; for she was every now and then attacked with fainting fits. When her pains began to grow languid, I had placed her in a posture betwixt sitting and lying, with her breech to the bed's foot, so that, without altering her position, I applied the forceps, and with great difficulty delivered her of a child whose head being large, was squeezed to a great length, but in a few days retrieved its round form.

The parts of the mother were so much inflamed, that for several days she laboured under much pain and difficulty of urine.

C A S E II.

In the following year, my attendance was bespoken to a woman in her first pregnancy, turned of forty, and of a thin, though healthy constitution. The pains proceeded slowly as in the former case, so that three days elapsed in a kind of lingering way, before the rupture of the membranes, which were pushed down in form of a long gut. The waters being discharged, the child's head, which was small, advanced downwards, pushing before it the *Os Uteri* which was not enough dilated to allow it to pass; this I kept up during every pain, stretching it with my fingers, until I slipped it all round over the head. As the *Os Externum*, in the former case, had given me so much trouble, I now began in time to dilate it during every pain, and succeeded so well, that I was in hope the head would not be long retained after its arrival at that part. I found this precaution was right; for the woman had been so much and so long fatigued before the *Os Uteri* and *Vagina* were sufficiently distended, that when the head came down and pushed out the external parts, her strength and patience were almost quite exhausted: nevertheless, by amusing and encouraging her, she exerted her courage and fortitude for two hours longer, though to very little purpose.

pose. At last, perceiving the pains were too weak to force down the head, and dilate the parts so as to let it pass, though about one fourth part of it was already protruded through the *Os Externum*; observing these circumstances, I say, I tried to introduce the whalebone fillet, described in my treatise, and alleged to be an excellent contrivance for helping along the head in such cases. This I endeavoured to insinuate betwixt the child's head and *Sacrum* of the mother; but, as it could not be properly fixed over the chin, I withdrew it, and applying the forceps along the ears of the sides of the *Pelvis*, assisted the delivery as in the former case.

The child was large, and the head being compressed in a lengthened form, produced convulsions, of which, however, it recovered, in consequence of my allowing the *Funis* to bleed a little.

N U M B. II. C A S E I.

From circumvolutions of the *FUNIS*, or contractions of the *UTERUS*.

In *May* 1748, one of the poor women attended by my pupils, was taken in labour, which went on in the common way. The membranes and waters pushing down opened the *Os Externum*, and when they broke, the head came down to the middle of the *Pelvis*; but

but when propelled a little farther by two or three successive pains, it returned to the same place, and continued to advance and retreat in this manner for the space of several hours; so that the woman was much fatigued, and the pains became weaker and less frequent. As this difficulty neither proceeded from the large size of the head, nor the narrowness of the *Pelvis*, I concluded it must be owing to the *Funis* rather than to the contraction of the *Uterus* before the shoulders, because this retraction of the head happened immediately after the rupture of the membranes, and before all the waters were evacuated: and, I was certain, that it could not be occasioned by the expansion which happens in the *Abdomen* of a dead child, because I plainly felt it alive by the motion of its head.

Thus convinced, I directed the patient to be placed in a posture between sitting and lying, which, I imagined, might assist the delivery. When the head was forced down in time of a pain, I introduced a finger into the *Rectum*, and tried to keep down the head, but could not reach so high up as the forehead, which was to the right side of the *Sacrum*. I then, during every pain, gradually opened the *Os Externum*, which easily yielded, the woman having had children before, and introducing a blade of the forceps along each ear,

ear, that is, one at the left-side of the *Sacrum*, and the other at the right groin, I locked them together, so that when the pain recurred, I could keep the head down, and prevent its being retracted. In the time of the next pain I brought it lower, and turned the forehead into the hollow of the *Sacrum*; and, in two pains more, it was advanced to the lower part of the *Coccyx*. When it was in this situation, I introduced two fingers into the *Rectum* to keep it down; but it being still too high up, I, during the next pain, brought it lower, when, finding I could command the head, by pressing my fingers against the *Sinciput* at the root of the nose, I took off the forceps with my other hand, and helped the head along in the manner described in the lingering cases.

The *Funis* being thirty inches in length, was twice circumvolutd round the neck, and once round the arm.

C A S E II.

In the month of *September* of the same year, I attended a private patient who had been very much weakened by flooding from time to time. The membranes broke, and the labour proceeded tolerably well; but when the head came low down, it was drawn back after every pain, as in the former case.

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Having fixed the forceps, I brought the forehead down below the *Coccyx*; but, as her pains was weak, and this was her first child, I kept on the instrument until one third of the head was without the *Os Externum*, and I found I could easily keep down the head by pressing my fingers against the external parts on each side of the *Coccyx*. After having taken off the forceps, I during each succeeding pain, pressed the head upwards with that hand, while with the fingers of the other, I slipped the *Os Externum* over the child's head. The *Funis* was uncommonly short, and once round the neck.

C A S E III.

In *August* 1750, I was, at three in the morning, called to a woman in labour, by a midwife who told me, the waters had been discharged two days, even before the *Os Uteri* was much opened; that after this discharge the pains were lingering, and some part of the waters continued to dribble until the evening before I was called, when the head came lower down; but now it was after every pain drawn back out of reach, and the pains were grown much stronger.

I took the proper opportunity of examining, and found the head propelled to the middle

dle of the *Pelvis* by every pain, after which it was drawn back to the upper part.

After having seen her undergo several strong pains, by which the head was not at all advanced, I easily introduced my hand into the *Vagina* of the patient, who had born several children, and, as the pain abated, raised the head so high above the brim of the *Pelvis*, that I could pass my right hand flattened along the left side, and over the forehead and the face of the child, where I found the lower part of the *Uterus* strongly contracted. I continued to push farther up, and dilate the part so as to be able to bring the child by the feet; but finding this expedient impracticable from the force of the contraction, I withdrew my hand in the beginning of a pain, and the child's head was immediately forced down to the *Os Externum*, though it was afterwards retracted to the middle of the *Vagina*. However, having succeeded so far, I waited for the effect of several pains, which I hoped would force the head lower down, now that it had made such progress; but, finding my expectation disappointed, and knowing it would be an easy task to assist the delivery, I had recourse to the forceps. One ear of the child being to the *Pubis*, and the other to the *Sacrum*, and the woman lying on her left-side, I would not alter her position, but brought

her breech to the bedside, and moved her head to the upper and back-part of it. Then sitting in a low chair behind the patient, the forceps being privately disposed, I easily introduced the fingers of my right hand to the *Os Uteri* between the *Pubis* and head of the child which was small; and insinuated one blade of the forceps, gently, that I might not hurt the bladder; then I introduced the other blade upon my left-hand, between the other side of the child's head and the *Sacrum*, carefully turning back the handle, in order to humour its curve; and being certain, that the instrument was well-fixed, pulled gently from blade to blade, and kept the head from being retracted as the pain abated.

I continued to assist in this manner, during every pain, until the *Occiput* was brought to the lower part of the right *Ischium*, then turning the forehead into the concave part of the *Sacrum*, the *Occiput* came out from below the *Pubis*, and the head was slowly delivered.

C A S E IV.

In *October* following we had a public case of this nature, at which my pupils attended. The waters had been long discharged before the head was forced into the *Pelvis*, and we managed the labour in the cautious manner described above; yet, after I had dilated the
parts

parts and applied the forceps, I could not by repeated trials bring the head through the *Os Externum*. Being assured from experience, that the obstruction proceeded either from the contraction of the *Uterus*, or the detension of one shoulder above the *Pubis*, and not from a tumefaction of the *Abdomen*, because I felt a pulsation, though very weak, at the *Fontanelle*, I disengaged the instrument, and raising the head again, found the difficulty was owing to the left shoulder's being over the *Pubis*.

As the woman lay on her back, I introduced my right hand, but could neither force the shoulders to the right side of the *Pelvis*, nor push the child farther up, so as to bring it by the feet, though the head was not large. I then, withdrawing my right, introduced my left hand on the other side, and raising the head, tried again to push up at the anterior parts of the child, so as to reach the feet; but failed once more, from the strong contraction of the *Uterus*. However, getting hold of the left arm, I brought it down, and as I withdrew my hand, the head followed to the *Os Externum* and lower part of the *Pelvis*. I turned the right arm to the right side of the *Sacrum*, the pains being weak, again fixed the forceps, which I moved in a proper manner, and pulling gently at the hand, de-

livered the head, which was followed by the body.

C A S E V.

In *June* 1751, I was called by a midwife to a woman who had been many hours in labour, and found, that after the discharge of the waters, the head was forced low down by every pain, but afterwards drawn up again. I was likewise informed, that formerly she used to have large children and quick labours.

Encouraged by this intimation, I tried to turn the child, but was prevented by the strong contraction of the *Uterus*; but, in making this trial, and raising the head, I not only found the *Funis* surrounding the neck, but likewise the *Uterus* contracted before the shoulders. This last I dilated with my fingers as much as possible, then withdrawing my hand, applied the forceps and delivered the child, which had been dead for some days. The *Funis* was three times round the neck, being much tumefied and of a livid colour.

COLLECTION XXVII.

Of laborious cases occasioned by the large size of the child's head, the narrowness or distortion of the PELVIS, when the head is low and delivered with the forceps. Vide Vol. I. Lib. III. Chap. III.

NUMB. I. CASE I.

From the large size of the child.

In the year 1745, my attendance was bespoke to a woman who had lost her first child, in consequence of its large size. This second labour went on in the usual way, until the *Os Uteri* was largely opened by the waters and membranes, which breaking, the *Vertex* advanced to near the middle of the *Pelvis*. Then the pains ceased for about two hours, during which the patient lay easy and enjoyed some sleep. After this intermission, a pain began to recur every now and then, and a good deal of water being discharged, they returned strong and frequent: as for the patient, whose constitution was weak, I kept her mostly in bed.

The parietal bones began to ride each other, the hairy scalp became loose and wrinkled, and the head was gradually and slowly squeezed down to the lower part of the *Pelvis*, where it remained for a considerable

time. The *Occiput* was strongly pressed against the lower part of the right *Ischium*, the *Fontanelle* being at the upper part of the left; but the head was squeezed to so great a length, and so firmly compressed against the inside of the *Pubis*, that I could not reach the ear with my finger.

After many strong pains the patient's strength and spirits began to flag, and both she and the friends became apprehensive, that this child also would be lost, notwithstanding the encouragement I gave, by telling them that I had delivered many women of live children, after they had been much longer in labour.

The force of the pains was by this time abated, yet every now and then she was taken with one stronger, that forced the head a little lower, so that I could feel the child's left ear towards the left groin of the mother.

At length, the patient being still more sunk, and perceiving no further advance towards delivery, I introduced the forceps as she lay on her side, and, during every pain, tried to bring the head lower, and turn the forehead backwards to the *Sacrum*. But, in this attempt, the instrument began to slip, so that I was obliged to unlock them, and move each blade upwards again over the ears; the handles being fixed and tied with a garter, I
turned

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turned the patient on her back, and directed an assistant on each side to support the legs: matters being thus disposed, I waited for a pain, and gradually delivered her as in the former cases. The child, whose head was squeezed into a lengthened form, seemed at first to be in a convulsion, but soon recovered, in consequence of my letting the *Funis* discharge about two or three spoonfuls of blood.

C A S E II.

In *March* 1746, I was called by a midwife to a case resembling the former, and tried the whalebone fillet (*Vide* Tab. XXXVIII.), which I could not get over the chin; so that finding the principal hold was on the face, I withdrew it, and waited some time, until the patient and the pains grew weaker, I applied the forceps, with which I delivered as in the other cases of this collection.

My reason for withdrawing the fillet, was because I durst not venture to exert so much force as was requisite for delivery, lest the part of which I laid hold, should have been galled to the bone; for I knew one instance in which the fillet had been used, and actually scalped the child; and another in which the child's under-jaw had been cut to the bone by the force of pulling.

C A S E

C A S E III.

In the course of the same year, being called to a woman, who according to the midwife's report had been three days in labour, I found the child's head at the lower part of the *Pelvis*, and a large tumor on the *Vertex*, protruded without the *Os Externum*. She had been in a slow kind of labour all *Saturday* and part of *Sunday*, when the membranes breaking, the pains became strong, and continued all *Sunday* night; by these the head had been pushed down, but did not advance farther than the situation in which I found it on *Monday* night.

The patient was much exhausted by fatigue and the length of the labour. Her pains being languid, I prescribed a cordial mixture, with *Confect. Cardiac*; and slowly dilated the *Os Externum* during every pain. By these efforts the pains grew stronger, and I expected the head would soon be delivered. But being disappointed in my hope, I thought it was a pity the woman should be kept any longer in such a disagreeable way, and as she lay on her left side, I endeavoured to raise the head, so as to know its position. I failed, however, in my attempt, and there was no room for introducing a finger or two to feel either the neck or ear at the *Pubis*;
though

though as the head was so low down, I thought it was probable, that the ears were to the sides of the *Pelvis*. I then directed her to be turned on her back, and supported by assistants, as the patient in the former case; and sat down with a resolution to deliver, either with the forceps or crochet, in order to save the woman's life; though I determined to try the forceps first, that the child also, if possible, might be saved. As the head, which was compressed into a great length, filled up all the lower part of the *Pelvis*, so that I could not introduce my fingers to guide the blades of the forceps on the inside of the *Os Uteri*, I attempted to introduce them several times, until I was certain that they were safely past this place, and not on the outside of the *Os Tincæ*. Being convinced that I had so far gained my point, I began to bring the head lower during every pain, and at last delivered the woman of a dead child, whose head was squeezed to a great length.

C A S E IV.

In the year 1751, I attended a woman in labour of her first child. She had undergone lingering pains all *Sunday* night, and I was called next morning at seven. But the pains being inconsiderable, the membranes unbroke, and the patient reserved, I was not allowed

allowed to examine until ten, when the pains grew stronger. I introduced my finger into the *Vagina*, I felt the *Rectum* full of indurated *Fæces*, the *Os Uteri* soft, thin and pretty open, the waters pushing down the membranes, and when the pain went off, the child's head resting against the upper part of the *Pubis*.

I immediately prescribed a glyster, which operated to satisfaction; and as she had enjoyed some sleep in the fore-part of the night, I desired she might rise until the bed could be prepared before labour should be far advanced. Every thing proceeded in an easy and slow manner, and she took her pains in an easy chair, till about twelve, when she was pretty much fatigued. I then directed her to take some pains on the bed, and now felt the *Os Uteri* largely opened, the membranes pushed down large and full to the *Os Externum*; but the head was not at all advanced.

Judging from this circumstance that it was large, I would not allow her to be put in naked bed too soon, because, if after the rupture of the membranes, the head should not come down without difficulty, it might be necessary to assist the delivery by different positions: and, in the mean time, as the pains were strong and frequent, I directed them to get ready cloths to receive the waters as she lay on her side, for I now expected that the
membranes

membranes would soon give way: Accordingly the waters were in a little time discharged; but perceiving that the pains soon after abated, and the head did not advance, I allowed her to rise and walk about, and she took her pains sometimes in a standing and sometimes in a sitting position: though in order to prevent her being fatigued, she every now and then rested on the bed half sitting and half lying. By these means, the pains increased, and at two next morning the head was advanced to the *Os Externum* and lower part of the *Pelvis*. That it might not be detained too long in this situation, I began to dilate the *Os Externum* a little, during every pain, and these efforts kept up the pains, which were become languid, in consequence of the fatigue sustained by the patient. The head was not at all advanced farther at four o'clock, when I plainly felt the *Occiput* strongly pressed against the lower part of the left *Ischium*, the parietal bones riding one another, the head, which was large, squeezed to a great length, and one of the ears at the *Pubis*. Perceiving the pains were not strong enough to push the head farther, so as that the *Occiput* might rise from the *Ischium* to the space below the *Pubis*, and the forehead turn back into the hollow of the *Os Sacrum*; and knowing that I could easily assist and alter

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the position with the forceps, I thought it was pity that the mother and child should run any farther risque, and ordering her to be put in naked bed, I applied the instrument, and delivered the child, as in Coll. XXVI. No. II. Case III.

C A S E V.

In *December* 1750, a woman had been in labour of her second child, for many hours after the *Os Uteri* was largely opened, and the membranes had broke, and the midwife had assured the friends, that the head would be delivered by each successive pain. At length, however, the patient's strength beginning to fail, they sent for me at three in the morning, when I found the child's head low down, pushing out the parts, in form of a large tumor, and the scalp very much tumefied.

After having tried in vain to assist the birth, by gently dilating the *Os Externum*, during several pains, I directed the patient to be put in a supine posture, and as she was very weak, sat down with a resolution to deliver, either with the forceps or crochet; for I found it was wrong as well as impracticable to bring the child by the feet. The head was so large, and compressed into such a lengthened form, that I could not push up
my

my finger at the *Pubis*, to feel the ear or neck; neither could I distinguish the situation of the head by the sutures, because the scalp was so much swelled; nor could I move the head upwards, in order to feel the upper parts, such as the ear, neck or face. But supposing from the touch of the lower part of the head, that one part pressed more against the left *Ischium* than the right, I concluded that the forehead was at the right side of the *Sacrum*, and the *Occiput* stopped between the left *Ischium* and groin.

In this persuasion, I introduced one blade between the child's head and the mother's right groin, and the other at the left side of the *Sacrum* along the ears, then locking the handles, I tried to turn the forehead more backwards, but could not, until I had pulled the head a little lower, when I delivered, as in Col. XXIV. No. II. Case I.

C A S E VI.

In the *January* following, my assistance was solicited in a case of pretty much the same nature. The woman was greatly fatigued and exhausted with labour, the child's head was compressed to a vast length, and so puffed, that I could not distinguish its true position; nor could I raise it so as to examine higher up. Nevertheless, as it was very low, I supposed
that

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that the ears were towards the sides of the *Pelvis*, and having laid her in a supine posture, I introduced the forceps, insinuating one blade on each side, as usual. But the head stuck so fast that I could not move it lower; then I attempted to turn it to the right side of the *Sacrum*, imagining the forehead might be to the left, as I had mostly found it; yet here also failing in my endeavours, I turned the other way, when it yielded with great ease, and the *Vertex* coming out below the *Pubis*, the head was brought along, and delivered without further difficulty.

One blade of the forceps was fixed before the left ear, and over the temple of that side, and the other behind the right ear and lower jaw; the impression was deeper than usual, but not such as to do any injury to the child.

N. B. In the two former cases, I first of all tried to move the *Occiput* downwards, and turn the forehead back to the *Sacrum*, with one blade of the forceps.

N U M B. II. C A S E I.

From a small or distorted *PELVIS*, when the child's head is low.

My attendance was bespoke to a woman who had before lost a child, which was supposed to have been too large to pass through the *Pelvis*; for she was of a small make and stature.

In *January* 1748-9, she was taken in labour when I happened to be engaged, so that I was obliged to send a midwife to attend her; and before I could see her, the membranes were broke, the *Os Uteri* was largely open, and the head squeezed into the middle of the *Pelvis*, in form of a cone or sugar-loaf.

The midwife had kept her mostly in bed to prevent her being fatigued, and I advised her to continue in the same situation, until she complained of being weary of that position, and of violent cramps in her limbs. Then getting up, she walked about the room, and took her pains sometimes standing and sometimes sitting: though I desired she would not fatigue herself by walking or standing too long, nor force down, except when the pains were strong. In this cautious manner, she was managed all night, during which she rested at intervals upon the bed, until she was compelled to rise by the violence of the cramps that seized her as she lay; and, as I examined every now and then, I found the head advance by little and little, every third or fourth pain, which was stronger than the rest. At six in the morning, the *Vertex* was pressed down to the lower part of the *Pelvis*, below the right *Iscium*; but at eight, it had made no further progress though it was squeezed to a great length, and the parietal

- bones rode one another. By this time, the patient was very much fatigued, her pains were become weaker, and at small intervals
- she was subject to reachings, which, however, supplied the defect in the labour-pains, by forcing the head so low as to protrude the *Perinaeum* and adjacent parts, in form of a large tumor. I waited some time, in hope, that this extraordinary assistance would deliver the child: but the patient being suddenly seized with a fainting fit, I thought it was high time to have recourse to a more effectual expedient, and the child's left ear being to her left groin, and the forehead at the left side of the *Sacrum*, I moved her breech to the bedside as she lay on her left side, introduced the forceps along the ears, as in Collect. XXV. No. II. Case I. and in that manner safely delivered the woman of a live child, which had been retarded by the smallness of the *Pelvis*, though it was not at all distorted.

C A S E II.

In the year 1750, I was called by a midwife to a woman of a small stature, about ten in the morning, when I found the *Vertex* at the lower part of the left *Ischium*, and the head squeezed into a longitudinal form, as in the preceding case: as for the waters they had been draining off for some time before I arrived.

The

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The patient being pretty much exhausted, was put in bed; and, as she had been seized with a looseness at the beginning of labour, and enjoyed no sleep the preceding night, I prescribed an anodyne mixture of *Tinct. Thebaic. gut. xv. & Syr. e Meconio iij. in Aq. Simp. 3vß.* of which she took two spoonfuls immediately, to be repeated occasionally until rest should be procured. This prescription had the desired effect; and next morning about eight, I was called, and informed, that although the pains had been stronger, the head was very little advanced. I now felt the *Vertex* had made some progress; the *Occiput* was turned below the *Pubis*, and the forehead to the *Sacrum*, though not so low as that I could assist with my fingers in the *Rectum*, or at the sides of the *Os Coccygis*. The pains were likewise become weaker, and the patient's strength began again to fail. The child's ears being by this time to the sides of the *Pelvis*, and nothing wanted but pains to promote the birth, I directed her to be placed in a supine position on the bed, and with the forceps delivered her of a dead child.

C A S E III.

In the year 1749, I was called by a midwife to a woman who had been sickly from her infancy, and very much distorted. The

membranes had been broke and the waters discharged several days before she was in labour, and the midwife, who had attended her since the preceding morning, assured me she had been in strong labour for four and twenty hours. I found the *Vertex* presenting, the mouth of the womb fully opened, and the head down to the lower part of the *Pelvis*; but when I introduced a finger betwixt it and the *Pubis*, I could not reach so high as to feel the ear, nor could I distinguish by the sutures the right situation of the head. Nevertheless, the patient being weak and low, I directed her to be laid across the bed in a supine position, and introducing the forceps at random, by the sides of the *Pelvis*, tried by gentle efforts, during every pain, to bring the head lower down; but finding I could not move it without using such violence as might be prejudicial to the mother and child, I withdrew the instrument and resolved to wait a little longer; and, as the patient had slept but very little for two nights, and was much fatigued, I prescribed an anodyne draught, by which she procured rest and was refreshed. Then the pains returning, and forcing down the head, so as to protrude the external parts, I received another call, and found the back part of the neck at the *Pubis*: from this circumstance, I knew the forehead

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was in the hollow of the *Sacrum*, and that the ears were to the sides of the *Pelvis*; I therefore, after having allowed her to take a few pains, which were weak, considered, that as the head was so low down, the assistance of the forceps might prove effectual in helping it along; so having placed her in the position described above, I introduced them along the ears of the child, and by pulling gently, during every pain, delivered the head, which was squeezed to a great length: but the *Os Externum* was so rigid, that half an hour elapsed, before it could be dilated so as to let the head pass, without laceration.

After delivery, I introduced a finger into the *Vagina*, and found the *Pelvis* so distorted from the jetting forwards of the upper part of the *Sacrum*, that had the child been large, its life could not possibly have been saved. The head was of a lengthened form, and contorted to one side, and there was a deep impression above the ear. The forceps too, when first fixed, had impressed the forehead, though the mark disappeared in five or six days: but they made a very inconsiderable impression, when they were fixed the second time along the ears.

C A S E IV.

In the year 1744, a midwife called me to a woman, whom she had formerly delivered

of a dead child; and she said, she had on that occasion felt an uncommon bump backwards.

When I examined her, the membranes were broke, and the child's head was sunk down to the middle of the *Pelvis*, where it was retarded by a jetting-in at the middle of the *Sacrum*; for, instead of feeling it concave, I found a prominence, as if one of the bones in the middle had been pushed before the rest; and the *Vertex* of the child seemed to be pressed down in a flattened form, by the woman's pains, which were strong and frequent.

I was called about three in the morning, and prescribed some innocent things to amuse the patient and her friends, who were extremely anxious, and went away, after having desired that she might not be hurried about or fatigued. I received another summons about nine, when I found the *Vertex* squeezed down to the lower part of the *Pelvis*, the woman exhausted, and her pains abated. As I at that time imagined, with others, that in labours, the forehead was mostly to the *Sacrum*, and the ears to the sides, I caused the patient to be laid across the bed on her back, as in Collect. XXV. No. I. Case I. and applying the forceps along the head, at the sides of the *Pelvis*, tried during

during every pain to help it along, that the child might not be lost. As the resistance was great, I gradually increased the force, and though the forceps slipped several times, I at last delivered the head, by grasping the handles more firmly, and pulling up towards the *Pubis*. But the *Perinæum* was torn by the sudden delivery, because I did not then know how to make the proper turns, and proceed in the slow and cautious manner which I have since adopted. The child's head was squeezed into a longitudinal form, flattened on the sides, with a deep impression on the *Cranium* above the ears; and from an indentation on the *Os Frontis*, by a blade of the forceps, which had been fixed on that and the *Occiput*, I discovered, that the ears were not to the sides, as I had imagined.

These impressions had very much galled and inflamed the parts; but, in consequence of proper care, they digested, and the child recovered, and, as he grew up, the marks diminished and disappeared. I told the midwife and nurse, that the patient's *Perinæum* was cracked, and desired they would not make her uneasy, by informing her of an accident which would be attended with no bad consequences. Accordingly, the parts were perfectly healed in the space of twenty days.

CASE V.

In the year 1747, a midwife demanded my assistance in behalf of a woman, whom she had once before delivered, with difficulty, of a dead child in the eighth month. In this labour, the membranes were no sooner broke than I received a call, and found the pains strong, the child's head advanced to the middle of the *Pelvis*, and the *Vertex* gradually descended to the lower part of the *Ischia*, which seemed remarkably near to one another. The head being luckily small, and the *Occiput* to the left *Ischium*, I resolved, after having waited a considerable time, to turn the forehead backwards to the *Os Sacrum*, on the supposition, that the narrow part of the head would more readily pass between the *Ischia*. Thus determined, I kept the patient on her side, and applied one blade of the forceps at the *Pubis*, and the other at the *Sacrum* along the child's ears, and with great difficulty turned the forehead to the *Sacrum*; but before I could deliver the head, I was obliged to alter their position, fixing one behind the left ear, and the other before the right ear, backwards, at the right side of the *Sacrum*.

I attended in another case of this kind, in which I was obliged to open the child's head, on account of its large size.

CASE

C A S E VI.

Communicated by Mr. J——, in a letter dated G——, 1749.

The membranes had been broke, and the woman in strong labour for more than twenty hours, and was weak from being over-fatigued. After she had taken a few pains, he found the head did not advance, and considered, that although it was high, yet it might be dangerous to wait longer, on account of the patient's weak condition. In pushing up his hand into the *Vagina*, he found one ear backwards, and above the upper part of the *Sacrum*, which projected considerably forwards with the last *Vertebra* of the loins. The head felt also very large, and the forehead was to the right-side; he introduced the blades of the short forceps, that were covered with leather; but being afraid that the handles were too short, he brought these out, and introduced a longer kind uncovered, which was the kind he had used, when he attended me. After he had fixed these properly, he tried several times, in vain, to bring the head lower. Upon which he resolved to give up that method and open the head. Finding however, that the forceps did not slip, but kept a firm hold, he resolved to try and make one effort more,

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more, and after pulling with all his strength, and moving the handles of the forceps over the *Pubis*, he got the head delivered; yet not without bending backward the blade of the forceps, that was next to the *Pubis*. She was delivered of a dead child about noon. In the evening, she seemed to be in a good way, and in a breathing sweat. Next morning, she was attacked with a violent looseness, which he restrained with opiates, but that evening she was comatous, and expired next morning: he supposed the last bad symptom was occasioned by their giving her, without his knowledge, half a pint of rum at two draughts.

As he desired my opinion of this melancholy case, I wrote him the following letter, with another case of the same kind.

LONDON, 1749.

SIR,

I received yours of *July* the 16th, which I ought to have answered before this time: since you attended me, I contrived the last forceps with shorter handles, on purpose that too great force might not be used; and when they are not sufficient, I would then open the head and extract with the crochet. No doubt,

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doubt, I should perhaps have been tempted even to use as great force as you did when there was so good a hold; but yet you may consider, how much the soft parts of a woman must suffer, by bending so strong an instrument against them, as the blade you sent me. If you had been sooner called to prevent the woman's being over-fatigued till the head came lower, there might have been a chance for saving the child. When the *Pelvis* is narrow and the head large, and so high that you cannot or dare not turn the child, and the woman in danger from extreme weakness, it is right, first, to try the forceps; but when you find it won't come along with a moderate force, the crochet must be used; for we ought never to endanger the life of the mother to save the child.

C A S E VII.

I had a case of the same kind some time ago, but not so difficult as yours; the membranes were broke many hours, and the head was forced into the middle of the *Pelvis*. Mr. *M—rd* was sent for, tried the forceps, but having no assistants to hold the woman firm, did not succeed; then he sent for me, and I was allowed to carry along with me four pupils. The ears were to the *Pubis* and *Sacrum*,

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the forehead to the left side, and the upper part of the *Os Sacrum* jetted in forward. As I could not turn the forehead with my hand a little backward, or pass the blade of the forceps along the ear at that part, I introduced it behind the ear at the side of the *Os Sacrum*, and the other at the forepart of the *Pelvis*, towards the left groin, and before the other ear, so that the forceps was fixed diagonally on the head, and the same as to the *Pelvis*. I used a good deal of force, by which I delivered the head, taking care to make the several turns in extracting it. The child had been dead many hours, the head was large, and squeezed of a very long figure; and the parts of the woman very much swelled. She was attacked with a violent looseness, which was restrained by proper remedies, and she recovered slowly. When the parts are inflamed and much swelled, the *Lochia* sometimes are obstructed and fall upon the intestines; especially if the patient has been exhausted by a tedious labour.

C A S E VIII.

Communicated in a letter, from Mr. *Ayre*,
dated *Boston, Lincolnshire*, 1750.

The labour went on in a slow manner, and by waiting patiently, the head, after many
fevere

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severe pains, was forced down into the *Pelvis*. As the woman lay on her side, he introduced one blade at the *Pubis*, and the other at the *Sacrum*, and pulled with considerable force during every pain: but the forceps slipping, he was obliged to introduce them again as before; and, giving the forehead a turn backwards, the child was, in two pains more, delivered.

He sent two other cases of women who had been long in labour in their first children: the ears were towards the *Pubis* and *Sacrum*, and one of the women was very fat, and about forty. He delivered both cases safely with the forceps, after finding the pains were going off and the patients turning weak.

C A S E IX.

I had a case from L—, in 1753, by which the gentleman seems to have been too much in a hurry. After using great force, he delivered the child, which was alive; but the head was much galled with the blades, and the woman was carried off in a few days by a purging.

In another case, the same gentleman tried to deliver with the forceps when the *Vertex* presented, and the forehead was to the *Pubis*: as he was not able to raise the head, so as to
turn

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turn the forehead backwards, he pulled it along as it presented : finding that as the *Vertex* pushed out the *Perinæum*, it was beginning to tear, he took off the forceps, and the head was afterwards delivered with the labour-pains, and both mother and child did well.

COLLECTION XXVIII.

Laborious cases, in which the VERTEX presenting with the forehead to the PUBIS or groin, the patient was delivered with the forceps.

Vide Vol. I. Lib. III. Ch. III. Sect. 4. No. 2. and Tab. XXI.

CASE I.

In the year 1744, I was called to a woman who had been long in labour after the membranes were broke. I found the *Vertex* was down to the lower part of the *Pelvis*; but the scalp being much tumefied, I could not distinguish by the *Sutures*, the real position of the head. The woman being much exhausted, the pains weak, and the head low, I thought it was proper to assist the delivery, to prevent her and the child from being in danger. For that end I caused her to be placed in a supine position, as in Col. XXV. No. I. Case I. I then, during every pain, dilated the *Os Externum*, raised the head above the brim of the *Pelvis*, and introduced my fingers and hand flattened betwixt the head and *Sacrum*, where I felt the back part of the neck, which informed me that the forehead was to the *Pubis*. Considering that the difficulty or obstruction of the delivery proceeded only from

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from the wrong position of the head, I first tried to turn the forehead towards the back-part of the *Pelvis*, and, failing in the attempt, from the slipperiness of the same, I endeavoured to bring the child footling: failing in this effort also, from the strong contraction of the *Uterus*, I withdrew my hand, and applying the forceps along the ears, used a good deal of force to extract the head as it presented. I brought it so low that I felt the *Fontanelle* one inch or more below the *Pubis*; but could not bring it farther, unless I had torn the *Vertex* through the *Perinæum* and *Anus*, which were now greatly stretched. Then I disengaged and brought down the forceps, and introduced a blunt hook, that had a round button on the end for that purpose, up along the side of the head, and above the chin. With this hold, I pulled down the forehead and face below the *Pubis*, and then delivered the child. This was, at that time, the common method, when the head was large, and squeezed to such a length, as to prevent the forehead's coming out, either with strong labour or the forceps; but the bad consequences that might ensue both to mother and child, made me afraid to continue in this method of practice. For the *Perinæum* was commonly tore, and that part of the child was sometimes so much bruised, as to produce a violent

ient inflammation, which destroyed the child ; but a lucky incident which happened the year following, gave me the hint of a better method, as in the following case.

C A S E II.

A midwife called me, in the year 1745, to a woman in the morning, who had been most of the foregoing night in strong labour. I felt the *Vertex* at the lower right side of the *Sacrum*. Her pains were still pretty strong, although she had lost, both before and after the membranes were broke, a large quantity of blood. I found also the *Fontanelle* at the left groin, which assured me, that the delay of the delivery proceeded from the forehead's being at that part. The patient being placed as in Collect. XXV. No. I. Case I. I introduced the forceps along the ears, holding the handles when fixed towards the *Vertex*, which was to the right side of the *Os Coccygis*. Then I began to pull from side to side, by which means the head advanced a little, but not so much as to allow the forehead to turn out below the *Pubis*. In repeating these efforts, the forceps slipped off three times ; though I did not observe, till afterwards, that one of the blades, by giving way, was the occasion of their slipping off the head. As I found I could not deliver the head, by pulling either

downwards to bring out the forehead, or upwards because the head would not yield that way, on account of the chin's being pressed against the breast, neither did I chuse to try the blunt hook, because of the bad consequences attending that method. I was also averse and loth to destroy the child by opening the head. While I paused a little, considering what method I should take, I luckily thought of trying to raise the head with the forceps, and turn the forehead to the left side at the brim of the *Pelvis* where it was widest, an expedient which I immediately executed with greater ease than I expected. I then brought down the *Vertex* to the right *Ischium*, turned it below the *Pubis*, and the forehead into the hollow of the *Sacrum*; and safely delivered the head, by pulling it up from the *Perinæum* and over the *Pubis*. This method succeeding so well, gave me great joy, and was the first hint, in consequence of which I deviated from the common method of pulling forcibly along, and fixed the forceps at random on the head: my eyes were now opened to a new field of improvement, on the method of using the forceps in this position, as well as in all others that happen when the head presents.

CASE

C A S E III.

In the year 1749, I, with my pupils attended one of our women in *Drury-lane*: the membranes had broke in the evening, and she had frequent and strong pains all night. When they sent for me in the morning, I felt something like the *Vertex* down at the lower part of the *Pelvis*; and she was much in the same condition as the woman described in Col. XXV. No. I. Case I. but we were all mistaken as to the position of the head; for I as well as the pupils imagined, that, as the head was so low, the forehead must be turned back to the lower part of the *Sacrum*; and that on account of the head's being squeezed to a great length, we could find neither neck nor ear at the *Pubis*. We were likewise mistaken as to the *Sutures*, supposing, what was called by the ancients, the back *Fontanelle*, where the *Lambdoidal* crosses the end of the *Sagittal*, was the fore *Fontanelle*, which was backwards towards the *Sacrum*. I told all present, that as the head was so low down, and the delivery retarded by the weakness of the pains, it was safer for both woman and child to deliver her with the forceps; especially as I was pretty certain of succeeding, without doing injury to either, being certain, as she had formerly quick and easy labours, that the im-

pediment proceeded only from weakness, and perhaps a larger child than usual, which might be in danger of being lost by longer delay. I had her then put in the same position, and applied the forceps in the same manner as in the aforementioned case. I then pulled gently every pain, and the woman being exposed to shew the operation, I was surprised to see, what I imagined the *Occiput*, come along from under the *Pubis*, not with hair, but bald and smooth. Introducing my finger, I now plainly perceived, that we had been all mistaken as to the position; for I felt the root of the nose, and eye-brows within the *Pubis*. As the head was now so far advanced, I thought it would be better first to try to bring it along in that manner: therefore, I continued to pull along gently; but instead of pulling upwards as before, to raise the head from below the *Os Pubis*, I pulled downwards, to bring the forehead and face out from below that bone: they accordingly slipped out gradually, and when the chin was delivered from below the *Pubis*, I turned up the handles of the forceps towards the face, pulled the head upwards, and delivered it according to the directions laid down in those cases where the face presents. Vide Col. XXX. No. II. Case I. The woman was not tore, the child's head was squeezed to a great

length, but was neither hurt nor marked with the forceps.

C A S E IV.

I was called to a patient by a midwife, in *March 1751*, who informed me that she had delivered the woman several times, and her labours were commonly tedious from her having large children; but that this was worse, and more tedious than any of the former; for although the waters were a long time come off, and the head had been low in the basin for many hours, so that she expected every pain would deliver the child, all endeavours had proved ineffectual, and she had sent for me, because she was afraid of both mother and child. She also told me, that she imagined the head did not present right, for she found the opening at the share-bone, and imagined this was the occasion of the difficulty. On examining, I found it as she had related, and was much pleased with the midwife's honest behaviour, and sagacious remark. I felt also the *Vertex* backwards, pushing outward the *Os Coccygis* and fundament. Although the pains were much abated, and weaker according to the midwife's account, yet every now and then she had one pretty strong. As I found her pulse rather low and sunk, I ordered her a cordial mixture, and waited with

patience to try if the head would advance farther, that the forehead and face might, by that means, be pushed out below the *Pubis*; but finding it did not advance, and that the pains were not sufficient, I thought it was proper to use the assistance of the forceps. I then had her placed as in the former case, opened the *Os Externum* gradually with my fingers, scooped up the head above the brim of the *Pelvis*, and as I slipped my hand flattened betwixt the *Sacrum* and the child's head, I felt with my fingers the back-part of the neck, which more fully confirmed the midwife's opinion and mine, of the forehead's being towards the *Pubis*. After I had brought down my hand, and found no advantage from several following pains, I introduced the forceps along the ears, having fixed them, and pressed the handles as far back as the *Perinaeum* would allow; and tried to bring the forehead and face below the *Pubis*, by little and little, every pain, but did not succeed. Thus disappointed, I pushed up the head with the forceps to the brim of the *Pelvis*, turned the forehead to the left side thereof, and brought the *Vertex* down to the lower part of the right *Ischium*; then turned the forehead backwards to the concave part of the *Sacrum*, the *Occiput* below the *Pubis*, and delivered the head and body as in the former case.

Those

Those cases in which the *Vertex* presents with the forehead to the groin or *Pubis*, happen but seldom. If the head is small, it is commonly delivered with the labour-pains, because the external parts, *viz.* from the *Os Coccygis* to the *Frænum labiorum*, will frequently stretch down so much as to allow the forehead and face to come out from below the *Pubis*, and if the pains fall off, and the woman become low and weak, the forceps will assist where the pains are insufficient. But if the head is large and squeezed to a great length, those parts will seldom stretch so much as to allow the delivery to be performed in that manner, either with the pains or forceps, without the danger of tearing the *Perinæum*, and even sometimes the *Vagina* and *Rectum* into one cavity: besides, if the head stops there a long time, the child is frequently lost from the long compression of the brain, exclusive of the danger from bruising and inflaming the parts of the woman: to prevent all which inconveniences, it is better to help in time, and deliver, if possible, according to the above method; especially in those cases, where you cannot alter the wrong position with your hand, or one blade of the forceps, or turn the child, and deliver by the feet.

C A S E V.

Communicated by Mr. *Durban*, in a letter dated 1752.

The woman had been in strong labour for many hours after the waters were discharged. As the *Os Uteri* was not sufficiently open, he administered opiates from time to time, which refreshed her much; but after waiting a long time, and the woman growing weak, and falling into faintings, he tried to dilate the parts during every pain, and at last found, that what obstructed the head's advancing, was no other than the forehead's being to the *Pubis*. He then introduced and fixed the forceps along the ears, but could not move or alter the forehead to the side and back part of the *Pelvis*: yet, by dint of pulling with great force, he, at last, delivered the head, as it presented. The child was alive, and the mother recovered.

He sent me an account of two other cases, in which the head presented fair; but as the women were much fatigued and weakened before he was called, he delivered each with the forceps, and saved the children as well as the mothers. One of the women was violently cramped in her limbs, when he introduced the forceps, and the other was attacked with a flooding.

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COLLECTION XXIX.

Laborious cases of women delivered by the forceps, the VERTEX presenting, the ear to the PUBIS, and the head higher in the PELVIS.

CASE I.

I was called to a poor woman in the year 1745, who had been deserted by her midwife, so that I received but an uncertain account of the case. I was told in general, that she had lost a great deal of blood, and that her midwife had fatigued and wrought on her very much. I found her pulse very weak, her countenance pale, and cold sweats on her extremities. The mouth of the womb was largely opened, the membranes were broke, the head was small and down to the middle of the *Pelvis* the *Occiput* to the left *Iscbium*, and the ear towards the right groin. I was also told that the labour-pains had all along been trifling, and had entirely left her, after the waters came off. As the flooding was mostly abated, I ordered her to take some broth, or brown caudle to support or nourish her. Having sent for those who were under my instructions, we attended some time to see if the labour-pains would return, but to no purpose. Being afraid of censure, if she should

should die undelivered, I thought it was proper to supply the place of the pains, by assisting the delivery with the forceps, especially as she had formerly bore children, and the head was small. The ears being to the *Pubis* and *Sacrum*, I kept her on her side, and applying each blade of the forceps, brought down the *Occiput* to the lower part of the left *Ischium*, and turned the forehead backwards to the *Sacrum*: then I delivered the head by turning the handles of the forceps forwards to the *Pubis*, the thighs of the woman being kept asunder by a thick pillow placed betwixt the knees; at the same time supporting the *Perinaeum*, with one of my hands, to prevent its being tore. Thus the patient was safely delivered of the child, and afterwards of the *Placenta*; for though she continued long weak, she at length recovered. The child appeared to have been dead two or three days, the lips and scrotum being livid.

C A S E II.

In the year 1746, I was called to a woman in *Parker's Lane*, who, as the people about her alleged, had been in labour eight days: they said, three midwives had attended and left her; that she was very poor, and in a starving condition. I found the head of the child, in time of a pain, pushed down with its *Ver-*

tex

tex to the lower part of the left *Iscbium*, but after the abatement of the pain, which was very weak, it was retracted to the upper-part. As this was in the middle of the day, I sent for some broth and bread from a cook's-shop, in order to refresh her. I found, by her own relation, that the midwives had all tried to deliver her by hurrying and placing her in different positions: that she had got little or no sleep for two nights: that the waters came off the preceding day, and her pains had never since been stronger. Her pulse was weak and low; but, on taking a little nourishment, she recovered some strength. After having sent for those who were under my instructions in midwifery, I left her to the care of one of the elder pupils; advising him to keep her quiet in bed, and to give her from time to time, a little broth or brown caudle; for although I found the case was such, that I could deliver her with the forceps, yet I thought it was better to try if she could be delivered by the labour-pains, which I hoped would grow stronger, after she should have enjoyed some refreshing sleep, and her strength should be recruited by nourishment. I was called again, about one o'clock next morning, when I understood she had every now and then slept betwixt the pains, which recurred at long intervals, and were still weaker than I expected,

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considering that her strength and spirits were much recruited. I found the head was in the same situation, and still drawn back as before. After examining more narrowly, I could easily feel one of the ears at the *Pubis*, the fore-part of it being upwards and towards the right side. Perceiving the head was not large, I told the attendants, that the delivery seemed to be retarded by the contraction of the *Uterus* before the shoulders, and weakness of the pains, which had not force sufficient to overcome that resistance: that I did not question, as she was now stronger, they might in time be sufficient, without any other assistance: but I thought it a pity to keep her longer in such a situation, as I could easily assist with the forceps, by pulling along the head by little and little every pain, and preventing it from being afterwards retracted. Accordingly, I kept the patient on her side, until I applied the forceps, as in Col. XXVI. No. II. Case III. then tied the handles together with a fillet, and turned the patient on her back, as in Collect. XXV. No. I. Case I. These previous steps being taken, I pulled gently during every pain, until I brought the head a little lower, and could turn the forehead from the right side of the *Pelvis* to the *Sacrum*: after this change was effected, I continued to assist and bring the head lower; and the parts
below

below were gradually pushed out with the head in form of a large tumor. This being the woman's first child, the *Frenum* felt very rigid, and was stretched with difficulty, and the *Perinæum*, and parts above the fundament and *Os Coccygis* felt still very thick. As I continued to keep down the head, and assist by pulling during every pain, these parts were more and more stretched, and became thinner; and the *Os Externum* was at last so much dilated as to allow the head to pass and be delivered, as described in the last cited case: but more than half an hour elapsed after the head was brought low down, before the *Os Externum* was so much dilated, that I durst venture to pull up the head from the *Perinæum*, which I was afraid, every time I pulled, would crack and give way; for it was now as thin as a piece of parchment at the edge, and was lengthened to more than three inches.

C A S E III.

I was called in the year 1749, about seven in the morning, to a woman near the Seven dials. The midwife told me that when she was called the preceding evening, she had found her in pretty strong labour-pains; that about twelve the waters came off, immediately after the discharge of which, the patient was thrown into violent convulsions,
which

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which went off and returned three or four times; and she had dozed and lain stupid betwixt the fits. I examined, and found the head of the child lying much in the position described above, only the head was lower down, and the *Occiput* to the under-part of the right *Iscium*. I could also plainly distinguish the *Lambdoidal* crossing the end of the *Sagittal Suture*, the head squeezed to a longish form, one of the parietal bones riding over the other, and the *Fontanelle* up at the middle of the left *Iscium*. During the time of my examining, she was thrown into a fit, which lasted near a minute, and acted much the same as a labour-pain, by pushing the head a little lower, though it turned gradually to the same place, as the violence of the convulsion abated. The midwife had not observed this circumstance in time of the former fits, but told me, that it had continued in that position, without advancing, for two or three hours. As the woman's pulse was quick and full, I ordered her immediately to lose eight ounces of blood, and desired the midwife to send for me, if the convulsions should return, and the delivery be much longer delayed. The woman was now quite insensible, and did not seem to answer or take notice, even when we called to her aloud. I was again sent for about nine, when the midwife informed me,

that the fits had returned oftener and with greater violence. I found the head in the same position, but about an inch lower, and I now could feel the ear at the *Pubis*. I tried to stretch the *Os Externum* gradually, every now and then, to see if it would bring on a labour-pain, but to no purpose. In about twenty minutes, she was attacked with another fit, which was very violent, continued longer than the former, and had much the same effects. I then considered, that although it was probable, the repetition of these fits might act in the same manner as labour-pains, and deliver the child; yet the continuance of them might still more and more endanger the life of the woman. Therefore I easily stretched the *Os Externum* as she lay on her side, and introduced the forceps, as in the former case; and as I found the head was large, I also tied the handles of the forceps, and turned her on her back. After I had brought the forehead to the hollow of the *Os Sacrum*, and was beginning to deliver the head in a slow manner, she was attacked with another fit, and as the *Os Externum* easily yielded, she was safely and soon delivered. The fits did not return, she fell into a plentiful sweat. The stupidity gradually wearing off, she next morning recovered her senses, and was agreeably

ably surprised to find herself delivered, and the child alive.

C A S E IV.

In the year 1750, I was sent by a relation to see an unfortunate woman, who was pretty old and in labour of her first child. She was in a low and weak condition, partly from grief and anxiety, and partly from having been excessively fatigued by the midwife, who wanted to hurry over the labour as soon as possible. The membranes had broke the preceding day, and it was now about five in the morning. I found the head presenting, and down to the lower part of the *Pelvis*, though it had not begun to push out the soft parts in form of a tumor. I could not distinguish the position of the head from the *Sutures*, the hairy scalp being so much swelled. However, I judged that the forehead was to the left side of the *Pelvis*, from feeling a part of the head pressed strongly against the lower part of the right *Ischium*, and sloping upwards to the middle of the left: I could but just reach the tip of the ear at the *Pubis*, with my finger, the head was so large, and so strongly compressed against that bone.

I was informed that the pains had been very strong, though now they were weak, and recurred at long intervals. Her pulse was sunk, and she was taken with faintings and

and sickness at her stomach, which produced violent reachings. These, however, supplied the place of labour pains, and assisted the delivery by forcing down the head. To encourage these efforts, as well as to recruit her strength, I directed her to drink every now and then a little warm wine and water; and in this manner she proceeded for about an hour, when finding the head had made but small progress, and being afraid that her spirits would fail, I thought it was most expedient to call in the assistance of the forceps. After having gradually dilated the *Os Externum*, as she lay on her left side, I tried to introduce my finger between the head and the *Pubis*, to the *Os Uteri*, in order to guide the point of the blade; but finding there was not room for both, and being afraid of hurting the bladder, I turned her on her back, so as that she lay in the same position, and was supported in the same manner described in Collect. XXV. No. I. Case I. with this difference, that as the season was very severe, I ordered a vessel with hot water to be placed under the bed side, that the warm streams might mitigate the cold, to which she was more exposed in this than in the other position.

Having fully opened the *Os Externum*, I turned the back of my hand down towards the *Sacrum* and raised or scooped up the head

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gently to the upper part of the *Pelvis*; and now with my fingers I felt the right ear backwards, and the posterior part of the neck at the right-side; and distinguished that the *Pelvis* was not distorted, though the head was large and squeezed to a great length. Thus informed, I introduced one blade of the forceps, at the back-part, before I withdrew my hand; then insinuating the other at the left side, towards the left groin, I moved it gently to the space below the *Pubis*, and over the child's ear. The instrument being locked, I pressed the *Occiput* from the right *Ischium* with two fingers, while I gradually turned, as I pulled the forehead backwards to the *Sacrum*, and delivered the woman with the same precaution I had observed in the second case of this collection.

C A S E V.

In the year 1745, betwixt eleven and twelve at night, I was called to a woman by a midwife, who told me the patient had been two days in labour; that the waters had been discharged the preceding day; that there was a cross-bone, which prevented the child's head from coming along, and had been the occasion of her losing two children before; and that, as the pains were grown weaker, and the woman was much fatigued, she had desired

fired the relations to demand my assistance. I found the head pretty nearly in the same position as that described in the former case, though higher up; but as I did not think the woman in great danger, and learned from the different accounts, that she had been put too soon upon labour, and was over-fatigued, I desired she would lie quiet in bed, without forcing down, except when she was obliged by the pains. She complained of great pain at the juncture of the *Ossa Pubis*, as well as behind, where the *Ossa Innominata* join the *Sacrum*; and her pulse being low, and the labour-pains weak, I prescribed the following cordial and anodyne mixture.

R *Aq. Cinnamon. Simp.* ℥v℥. *Pulv. Castor. gr.* x.
Sal. volat. C.C. gr. vi. *Syr. e Meconio* ℥℥. *M.*
Sumat. Cochlear. i; *statim, et repet. omni se-*
mihora.

In consequence of this prescription, she lay quiet and slept between the pains, so as to be much recruited by six next morning, when I received another call. The head seemed to be but small, although it was squeezed down to a conical and flat form. As she had formerly lost two children, I resolved to attempt the saving of this, especially as I could easily feel the ear at the *Pubis*. Having gently dilated the *Os Externum*, with my left hand, as she lay on her left-side, I raised the head to the

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brim of the *Pelvis*, and with my fingers felt that the whole obstruction proceeded from the projection of the upper-part of the *Sacrum*, with the last *Vertebra* of the loins: at the same time, I felt the back-part of the neck at the right-side.

After I had withdrawn my hand, I waited some time, to see if the pains which were but weak, would force the head lower down; but, finding it did not advance, I introduced one blade of the forceps at the right side of the *Sacrum*, along the back part of the child's right-ear, in order to avoid the projection of the last *Vertebra* of the loins, then insinuated the second blade before the left ear, at the left groin of the mother, and as I brought down the head, I turned the forehead to the *Sacrum*. This alteration being effected, I unlocked the forceps, and fixed them over the ears, to prevent the child's head from being marked at the temples, and pulling slowly during every pain, safely delivered the patient of a live child.

C A S E VI.

In the year 1751, I assisted in a similar case. The woman was taken in labour, and began to flood violently; but the discharge abated when the membranes broke, and the patient being weak, I delivered her pretty
much

much in the manner prescribed in the preceding case.

C A S E VII.

In the year 1753, my attendance was bespoken to a woman, who had been rickety in her youth, and was very much distorted. The labour at first proceeded in a gradual manner, the membranes pushing down and dilating both the *Os Internum* and *Os Externum*, before they broke; but after the waters were discharged, the pains ceased for some time. Upon examination, I found the *Pelvis* was narrow and distorted, and with my finger felt the projection of the last lumbar *Vertebra*: the pains, however, gradually returned and grew stronger, and the child's head advanced slowly. I did not confine her to any particular position. I had been called at ten o'clock at night: the membranes broke about four in the morning: at six in the evening she began to be very much fatigued; by this time the head was squeezed into a conical and flattened form, down to the lower part of the *Pubis*; and I found by the *Sutures* that the forehead was to the right *Ischium*. I now confined her to her bed, that she might not be over-fatigued, and she took her pains lying sometimes on her back, and sometimes on her side.

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About three o'clock in the morning, the head, squeezed to a great length, had advanced to the lower part of the *Pelvis*, where it was so firmly locked, that I could not introduce my finger at the *Pubis*, to feel the ear. But the patient being exhausted and weak, I introduced the forceps in the manner described in Case V. and tried to move the head so as to turn the forehead to the *Sacrum*. These endeavours proving ineffectual, I withdrew the instrument, and waited till about six o'clock, when the head was pressed a little lower down; then having recourse to the forceps again, I succeeded, and safely delivered the woman, as in Case II. and V. yet she complained very much of the distension and contusion of the parts. As for the child, it was dead, and its death in all probability occasioned by the long compression of its brain. Its head was squeezed to a very extraordinary length; a circumstance from which I at first imagined it was lower in the *Pelvis* than it afterwards appeared to be.

C A S E VIII.

A midwife, who had formerly attended a woman of a small size, in a labour which had been very tedious from the difficulty in bringing along the head of the *Fætus* which was still-born, the head being compressed to a
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prodigious length, and the woman's life greatly endangered; in order to avoid censure, and prevent as much as in her lay, the bad consequences that might attend her second labour, she had recourse to my assistance. The patient being a poor woman, I went, accompanied by three of my pupils, and found the child's head pushed down but a very little way into the *Pelvis*, the forehead resting upon the left side of the upper part of the *Os Sacrum*, and the hind-head against the right groin. We likewise felt the *Sagittal Suture* running along, towards the left of the *Os Sacrum*; and the hairy scalp of the *Fœtus* very much tumefied.

The patient being laid on her back, and her breech brought to the bed's-foot, I opened the *Os Externum* slowly, and pushing up my hand along the side and posterior part of the *Pelvis*, felt the left ear of the child, by which I knew the forehead was towards the back, though a little to the left-side of the woman: I at the same time felt the upper part of the *Sacrum* and lowest *Vertebra* of the loins, projecting so far forwards as to reach within three inches of the *Ossa Pubis*. The pains being still pretty strong, I waited some time, to see if the head would advance, but it made not the least progress: the pains and patient grew weak, and the *Uterus* was strongly con-

tracted. As the former child had been lost by the long pressure on the brain, I resolved to try the forceps, and should that method prove ineffectual, as I feared it would, to open the head and deliver with the crochet. Having, therefore, introduced the steel extractors, which, on this occasion, I preferred to those made of wood, I fixed them along the sides of the ears, and pulling downwards, at first, with a good deal of force, when I found the head descend to the lower part of the *Pelvis*, I turned the forehead into the hollow of the *Os Sacrum*, so that the hind-head came out from below the *Os Pubis*: then directing one of my pupils to press the flat part of his hand against the *Perinæum*, which was very much distended, I raised up the forceps, and pulled the head half-round, forwards and upwards, on the outside of the *Pubis*. I afterwards delivered the body of the child, which was of a small size, and the lower parts were besmeared with *Meconium*. One blade of the forceps had been fixed along the fore-part of the ear, and rested on the temple, while the other extended along the back of the left ear, to the cheek, and the impression which they made was very inconsiderable. As for the woman, she recovered much better than I could have expected. When I afterwards introduced my hand to
 deliver

deliver the *Placenta*, it went up with difficulty, and I was then confirmed in the opinion, that the distance between the projection of the lower *Vertebra* of the loins and the *Os Pubis* did not exceed three inches.

I had before this occasion contrived a particular kind of wooden forceps, with which I had delivered three patients; but I now substituted steel covered with leather in the room of wood, which is not so durable.

COLLECTION XXX.

Of laborious cases from the presentation of the forehead or face, in which the women were delivered by the forceps.

Vide Vol. I. Book III. Ch. III. Sect. 4. No. 4. and Tab. XXII, XXIII, XXIV, XXV, and XXVI.

CASE I.

In the year 1748, I was called by a midwife to a woman in *Windmill-Street*, who formerly used to have very quick labours; but this had been very tedious, from the wrong presentation of the child's head. The midwife told me, she felt something like the eyes towards the patient's left groin. When I examined in time of a pain, I found her information true, and that the forehead presented, with the face to the left-side, and the *Fontanelle* to the right. In this situation, I understood it had stuck for a long time, without making the least progress, although the pains had been strong and frequent.

While she lay on her side, and took several pains, I considered the case at leisure. As the *Pelvis* was large, I resolved, if possible, to alter the position of the head, and should I fail in that attempt, turn the child, and bring it footling. But, after having dilated the *Os Externum*, so as to admit my hand, I

found all my efforts ineffectual, either to raise the forehead to the left-side of the *Pelvis*, that the *Vertex* might come down to the other side, or to return the head into the *Uterus*, so as to deliver it by the feet; for the *Uterus* was so strongly contracted as to foil all my attempts.

Thus baffled in these endeavours, I introduced one blade of the forceps, along the left ear, at the *Pubis*, and the other on the opposite part, at the *Sacrum*, and began to turn the face backwards to the left side of the *Sacrum*, that the *Vertex* might come out from below the *Pubis*; but recollecting, that the *Vertex* would be turned so far up between the shoulders, as to render the delivery difficult, I reduced the face to its former situation at the left-side, and bringing the head by degrees lower and lower, very easily turned the face and chin to the space below the *Pubis*; then holding the handles of the forceps towards the patient's belly, delivered the child, whose forehead was raised in a conical form, while the back-part of the *Parietal* and *Occipital* bones were squeezed flat. I tried with my hands to mould it in a better shape: but it had been so long compressed, that I could not alter the form.

C A S E II.

In the year 1749, I attended in a case where the face presented. The waters had been several hours discharged, and the midwife told me, that the head had stuck a long time in that position, without advancing in the least. When I examined, I found the chin to the lower part of the *Pubis*, and the forehead to the *Os Sacrum*. The patient being greatly fatigued, and the force of the pains very much abated, I resolved to assist as soon as possible with the forceps, in order to deliver the child, which I knew to be alive; for in examining the situation of the head, my finger slipping into the mouth, I felt it move its tongue and lower jaw; though I did not mention this circumstance to the mother, that she might not be overwhelmed with anxiety, in case it should be afterwards still-born.

The ears being to the sides of the *Pelvis*, I caused the patient to be laid supine across the bed, as in Collect. XXV. No. I. Case I. and having gradually dilated the *Os Externum*, endeavoured to introduce the fingers of my right hand, to the *Os Uteri*, at the left-side of the *Pelvis*; but I could neither reach that part, nor raise the head to make more room for my fingers. Then I tried to insinuate a blade
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of the forceps, between the head and my fingers, in an imaginary line, with the *Scrobiculus Cordis*; but finding a considerable resistance, and being afraid that the blade would pass on the outside of the *Os Uteri*, I withdrew the instrument. However, after two or three trials, in which I kept the point closer to the head of the child, I effected my purpose, and introduced the other blade on the opposite side in the same slow and cautious manner. Then locking and tying the handles together with a fillet, I began to pull during every pain, and as I pulled with my right-hand, I pressed down the chin with two fingers of my left. The *Perinaeum* and parts below, were now pushed out in form of a large tumor; the interior part of the neck being brought down to the lower-part of the *Pubis*, I turned the handles of the forceps towards that bone, pulled the head upwards so as to raise the *Parietal* and *Occipital* bones from the back-parts, and bring them slowly with an half-round turn upward through the *Os Externum*; and, at the same time, I kept my left hand firmly pressed against the *Perinaeum*, in order to prevent its laceration. I afterwards delivered the body of the child, whose face was livid, and very much swelled, though the *Ecchymosis* went off as the tumefaction subsided. The form of the head,

which

which was squeezed to a great length, I altered a little, by pressing the *Vertex* and forehead betwixt my hands.

C A S E III.

In the year 1746, about nine o'clock in the morning, I was called by a gentleman who had formerly attended my lectures, to a woman in labour, and found the child's face presenting. He told me a midwife was employed to deliver the patient, but his attendance had been bespoke in case any extraordinary incident should intervene; that the case having turned out a preternatural position of the head, his assistance was solicited, and he had that morning made several unsuccessful attempts to raise it into the *Uterus*, and bring the child by the feet.

As I could not accompany him immediately to the place, the midwife in the mean time called in another practitioner, who, when I arrived, proposed, that the woman should be delivered with the whale-bone and fillet. Upon examination, I found the face presenting, about two-thirds of the head down in the *Pelvis*, which I concluded to be large, because her former labours had been quick and easy, and the chin at the lower part of the right *Os Ischium*. I therefore gave it as my opinion, that she might be easily delivered with

with the forceps; but desired the other gentleman to take his own way, if he thought it a better expedient. Upon his declining the task, and the other's request that I would lay the woman, I caused her breech to be moved to the fore-part of the bed, as she lay on her right-side, and a pillow to be placed between her knees, which were held up towards the *Abdomen*. These previous steps being taken, I introduced the fingers of my right-hand up the *Vagina*, between the child's head and the *Os Sacrum*, until I felt the *Os Uteri*, and insinuated one blade of the forceps along the ear, holding the handle down towards the chin, that the blade might go up in a line to the *Vertex*, which was above the brim of the *Pelvis* to the left-side. As the point passed the *Os Internum*, I withdrew my left-hand, to allow room for turning the handle backwards to the *Perinæum*, that I might the more easily push the point forwards, and follow the convexity of the *Sacrum*. Taking hold of the handle with my left-hand, I introduced the fingers of my right betwixt the *Pubis* and the child's head, to the *Os Uteri*, and insinuating the other blade betwixt the head and my fingers, gently pushed it within the mouth of the womb; but as it met with some difficulty, I withdrew my fingers to give more room, and pressing the point closer to
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the head, introduced it slowly and with great caution, that the bladder and *Os Internum* might not be bruised.

Both blades being thus introduced in the same direction, and the handles locked together, I pulled gently, moving the head from ear to ear, until it was brought lower down into the *Pelvis*, then with the assistance of two fingers pressed above it, I turned the chin and anterior part of the neck forwards from the lower-part of the right *Ischium*, to the space below the *Pubis*; so that the forehead was at the same time turned from the left *Ischium* to the lower-part of the *Sacrum* and *Coccyx*: lastly, I moved the handles towards the *Pubis*, and delivered the woman of a child, whose face was swelled, and whose head was compressed like that described in the former case: the long compression had rendered the arms paralytic for several days, though this misfortune was soon remedied by friction and embrocations.

C A S E IV.

In about two months after the foregoing case happened, I was called by a midwife, to a woman in labour, and found the child's face presenting and so excessively swelled, that I at first mistook it for the breech; but, on further examination, I felt the mouth and
chin

chin towards the *Sacrum*, and the *Fontanelle* at the *Pubis*.

The midwife told me, that the waters had been long discharged; that notwithstanding a succession of strong labour-pains, the head had made no progress for several hours; and that as the pains had greatly abated, she desired the relations to demand farther assistance: at the same time she gave me to understand that the woman's former labours had been quick and easy.

Her strength and spirits being exhausted, I encouraged her with hope, and refreshed her with a glass of warm wine; then directing them to place her in the position described in the second case of this collection, I gradually dilated the *Os Externum*. This dilatation being effected, I introduced the fingers of my right-hand between the *Sacrum* and the chin, and raised the head to the upper part of the *Pelvis*, but found the contraction and resistance of the *Uterus* so great, that I could not possibly turn the child and bring it by the feet. I then introduced the blades of the forceps along the ears, holding the handles as far back as the *Perinæum* would allow, that the blades being in a line with the middle space between the *Umbilicus* and *Scrobiculus Cordis*, might be nearer the *Vertex*, and have a better hold of the head. Having locked

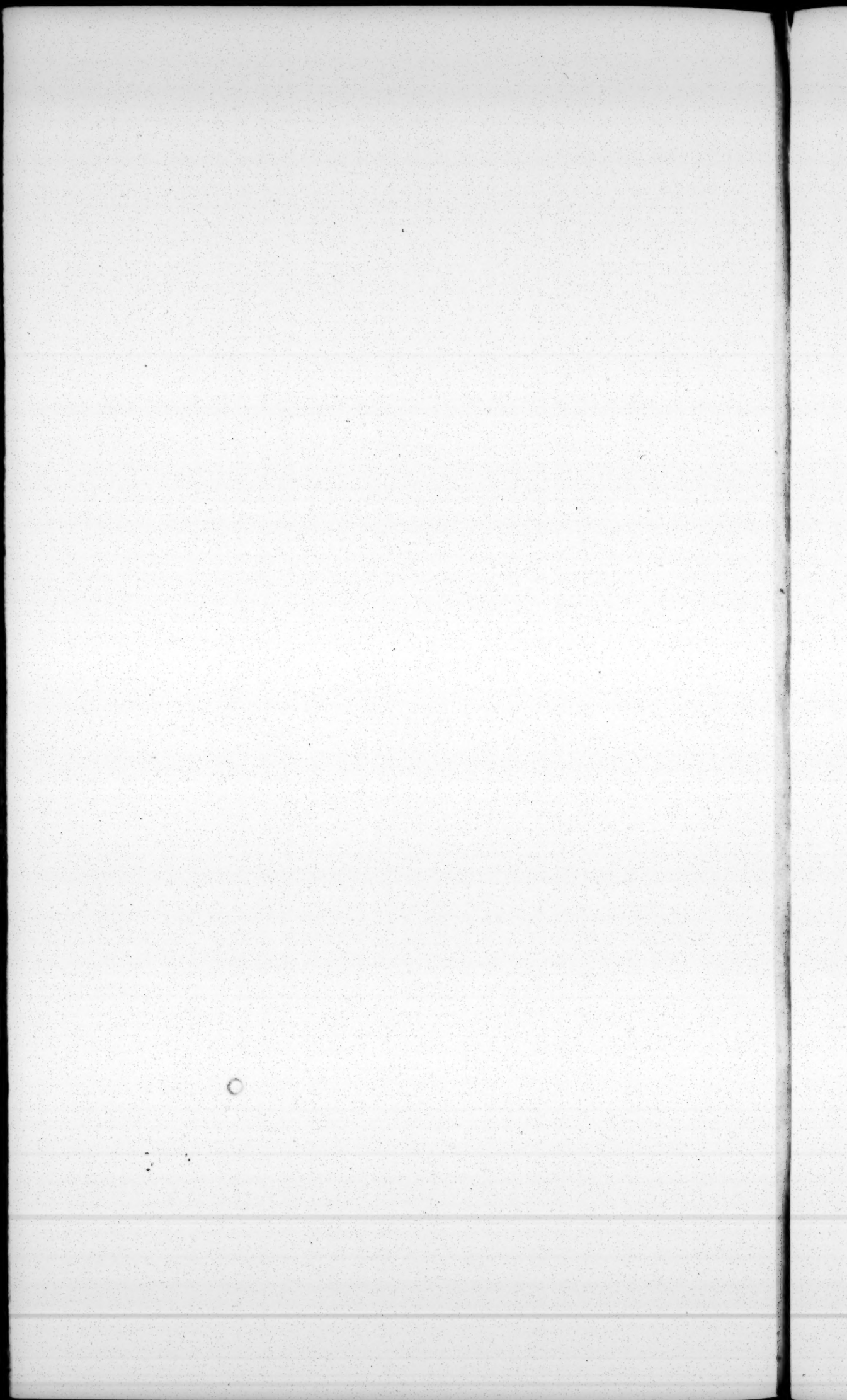
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the handles, I endeavoured to bring the head lower down, but could not move it; then I tried to turn the chin, first to one side, and then to the other; failing likewise in this attempt, I pushed up the head, moving from blade to blade, and turned the chin to the upper-part of the left *Ischium*; but as I again endeavoured to bring down the head, the chin stuck so fast that I was afraid of straining the lower-jaw, and obliged to push up the head a second time, with the forceps. I now introduced two fingers above the chin, and pulling the forceps with my left-hand, brought it down to the low-part of the *Ischium*, and turned it with the fore-part of the neck, to the space below the *Pubis*; then standing up and pulling the handles towards the *Abdomen*, delivered the head which was greatly tumefied. Nay, after the body was delivered, the child lay a long time without breathing or giving any signs of life.

C A S E V.

In the year 1752, I was called to a woman, who had been long in labour, and found the face presenting with the chin to the lower-part of the *Sacrum*, though a little to the left-side; indeed, the face was so low down, as to protrude the parts of the woman in form of a tumor; and her pains were by

this time much weakened. The weather being extremely cold, I allowed her to continue lying on her side, though a supine position would have been more convenient, and causing her breech to be moved a little over the bed-side, while her head and shoulders lay towards the other side, I introduced the forceps, as in the former case: but finding it impracticable to raise the head, I was obliged to pull it along in the time of every pain as it presented. The parts between the *Coccyx* and *Os Externum* were gradually extended by the face and forehead of the child, and at last yielded, so as to allow the *Vertex* to come out from below the *Pubis*; then turning the handles of the forceps towards that bone, I delivered the woman safely of a dead child, which was, in all probability, lost by the long compression of its head in the *Pelvis*.



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SECOND VOLUME,

BEING THE

First VOLUME of CASES.

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